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Editorial

THE Editors find that a word of explanation about the present position of the Journal, or more fully, *Naval Medical Service* is due to subscribers.

It will be recalled that prior to the outbreak of war in 1939 the Editors of the Journal were the Professors of Medicine and Surgery at R.N. Hospital Haslar. When the 'batch' system ceased and the Professors went on detached Senior Medical Officers to R.N. Hospital Green Gurney they continued to edit the Journal from there, but when this hospital closed down towards the end of 1945 the editorial duties devolved on R.N.O. (S) and R.N.D. (S) at R.N. Hospital Haslar. It is anticipated that about the middle of 1948 when the new R.N. Medical School opens at Haslar, Home Admiralty Hospital, the office of the Journal will find a new and permanent home there under the editorship of the Staff of the School.

The many 'crites' during 1947 have considerably delayed the publication of the various issues. It is hoped that soon all will be on an even keel again and the 'Gutter's Gazette' will continue to bring to present and past members of the Medical, Dental and Nursing branches of the Service, news of professional interest, travel gossip, sport, appointments and promotions, etc.

The present Editors therefore hope that old subscribers will continue to support the Journal and that new readers will also give it both their financial and literary help.

BRIEF

OBSERVATIONS ON AMEBIASIS IN CEYLON

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Amebiasis has been a constant problem to members of the Services stationed in Ceylon. The disease is endemic in the native population of whom a high proportion were the casual cases (Barnes 1944; Brown 1947a) and who handle much of the food which is served to the European population.

It is now proposed here to relate findings which have already been fully described by other workers at the war war years and at the close of the last war. Our purpose is to present various epidemiological and clinical findings which emerged mainly from routine work in two general hospitals.

INTRODUCTION

Fig. 1 compares the incidence of amebiasis with that of the dysentery and undysentery diarrhoea among Europeans as shown by the admissions to a combined Service hospital over twenty-one months in 1944-45. The sudden increase in amebiasis at the beginning of 1945 coincided with a fall in the number of cases of undysentery diarrhoea, and was probably attributable to a more systematic method of investigation then instituted. Nevertheless, a considerable number of latent cases escaped detection and remained in Ceylon unrecognised (Stewart 1947a).

From the disease cards and records at these establishments as the different diagnostic tests in Ceylon were examined by the copper sulphate flotation method, and the incidence of overt patients is shown in Table 1 together

TABLE 1.—1. *DISSENTING CASES OF AMEBIASIS IN Ceylon*

	Number of first diagnoses	Cyst patients	Per cent	Number of cases (active)	Percent diagnosed as overt	Percent diagnosed as first	Percent diagnosed as latent
<i>Ceylonese</i> —							
Low country	208	30	14	7	30	30	30
<i>Europeans</i> —							
Up country	275	10	3.6	4	30	30	30
<i>Foreign</i> —							
Low country	228	30	13	6-12	30	30	30

*A further 14 passed through tests.

The percentages diagnosed are derived from cyst patients both symptomatic and asymptomatic.

with an estimate of the number of exanthematous organisms. In the wet diagram many apparent or apparently contradictory opinions have been expressed as to the relative importance of water supply, flea food handlers and vegetable as vehicles of infection (Morrison and O'Brien 1947, Craig 1954, Rogers and Johnson 1955, Schneider 1948, Roberts 1947). From the fact, proved by the food handlers, may be located has been suggested by Joyce and Bala (1954) who showed that flies could live for a maximum of forty-five minutes under the optimum conditions of moisture beneath finger nails. Such a finding, however, does not preclude the spread of infection to individuals with previous hygienic standards. It is clear that the same factor cannot be considered in different circumstances.

It is difficult to obtain data from a control experiment under the conditions of endemic, of World War II, as infection could be acquired on many occasions in different places. Information is obtainable however from small groups who remained in one place for a year or more. Such an observation, derived from a controlled source in Bangladesh, is shown in Table II. A total of

TABLE II.—Observations on the transmission of exanthema in two months, in a controlled source

Food handler exposure to										
Exanthema										
Food handler exposure to	12	3	9	3	4	1	—	—	—	—
Exanthema to	—	—	1	3	2	1	—	—	—	—
Transmission by food handler										
Oct. 1947 to Dec. 1947	Oct.	Jan.	Apr.	July	Oct.	Jan.	Apr.	July	Oct.	Dec.
Oct. 1947 to Dec. 1947	Oct.	Jan.	Apr.	July	Oct.	Jan.	Apr.	July	Oct.	Dec.

about 30 people were constantly present with individual exchanges, on every other one or two years, service on this station. The relief usually came from temporary stations, and in the majority of instances it seemed likely that contact exposure to infection first occurred on the station described. After a survey in December 1944 three points and eight cases which he were found to be infected with *Antemochus kashgari* were either treated or transferred to other duties. Therefore infected food handlers were excluded from supply work in the area. This was associated with an abrupt decline in fresh cases and recrudescence of exanthema. Other means of acquiring the infection were eliminated as far as possible by the water supply, a filtered, unchlorinated and pasteurized, the sewage disposal was water borne, and water consumption was unproblematic. The introduced fresh vegetable was stored two days from the neighbours.

A similar fall in the percentage of exanthema of exanthema occurred in Tanganyika after June 1946 following a period during which food handler control had been gradually increased in the large establishments in the area. (Fig. 2 Table I).

The elimination of food handler dysentery, at some periods excluded those for exanthema, but in the case of food handler dysentery were not and a significant negative relationship was found between having highly effective cases of dysentery, food handler dysentery, was associated among Europeans though in a few instances the sharp food handler outbreaks appeared to precede a latent outbreak

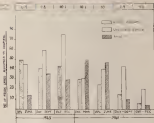


Fig. 1.—Distribution of patients by clinical status and duration of disease. Comparison of patients grouped in Table II.

infection and one of the writers (P. F. S.) has noted among his own population a few cases in which a prolonged state of colitis has supervened at varying intervals after one or two attacks of bacillary dysentery. With these few exceptions however, bacillary dysentery caused neither health nor working losses.

Ameloblastosis in sharp contrast, causes severe cases, complications and relapses were comparatively common and about a quarter of our cases relapsed within a few months. The danger of metastases was high and in some it was difficult to escape. No fatalities occurred among Europeans but the general impairment of health and loss of working hours were serious problems. In the great majority of cases the onset was insidious and (except in the dysenteric cases) clinical diagnosis uncertain.

The slow onset is indicated in Table III which shows that 69 per cent. of the patients had been on the island for more than six months before the onset of ameloblastosis. The remaining 31 per cent. however, emphasize that signs of infection may develop in less than six months. Only one such case was diagnosed by routine dental examination in an individual who had not reported any of the symptoms reporting with acute diarrhea or abdominal pain. Six cases were in the dysenteric state (three with extensive ulceration) and in two cases a pain appeared after an attack of bacillary dysentery. For the most part, then, 63 per cent. were in good general condition and had no complications.

TABLE III—AGE WHEN AN ILLNESS BECAME
CRITICAL FACTOR IN DIARRHOEA

Age when	Cases (per cent)
Less than 3 months	3
3-12 months	8
12-24 months	23
2-17 months	29
17-24 months	17
24-36 months	8
More than 36 mos.	13
Total	102

CLINICAL FINDINGS

The clinical data is drawn from 146 European cases treated by two of the writers (P. J. G. M. and G. T. J.) in 1947-48. In each case, the diagnosis was made by observation of the patient in the home, or in one or two cases, in a mental hospital. All the patients were between the ages of 39 and 48 years and, so far as we could judge, were suffering from no medical disorder other than diarrhoea: all but one of the cases were male. The main clinical features of the cases are summarized in Table IV.

TABLE IV—MAIN CLINICAL FEATURES OF THE CASES OF INTERMITTENT DIARRHOEA

Feature observed	No.	Per cent	Feature	No.	Per cent
Diarrhoea	108	88	Loss of weight	31	11
Constipation	34	10	Pyrosis	26	14
Abdominal discomfort	104	81	Lemniscate	31	18
Abdominal cramps	78	59			
Blood in stools	49	40			
Vomiting	38	18			
Nausea without vomiting	32	18			

Diarrhoea.—As might be expected this was the predominant sign. We have used the term to include all cases who had one or more loose peristaltic stools or who had more than three bowel movements per day. Though often mild at onset, the diarrhoea tended to be persistent or recurrent: 112 cases had a history of more than one attack of diarrhoea, 14 of these giving a history of having been previously diagnosed as amoebiasis. These previous attacks were of an intermittent character in 36 cases, with normal bowels of function in the intervals. Some complained of only a loose peristaltic morning stool. Constant diarrhoea was rare and it seemed likely that spontaneous remissions were the rule in the earlier stages of the infection. 14 cases gave a history of constipation. It will be seen therefore that only 34 out of 145 patients (24 per cent) supposed when in these spaces was normal bowels of function prior to the complaint which brought them into hospital. In assessing such histories allowance must be made for the fact that few normal individuals escaped an occasional attack of diarrhoea whilst in the tropics. To us, the best pointer to amoebiasis seemed to be a recurrent diarrhoea, or a diarrhoea in bowel habit.

Twenty-two cases were dyspeptic, 12 with blood, diarrhea and regurgitate purities. The remainder (73) were diagnosed as amoebiasis from the presence of *E. histolytica* cysts in the faeces and from the absence of any other diagnosis inferrable to the gastro-intestinal tract. Of these, 31 had diarrhea but only two showed blood in the stools. A country residence of years and leucocytes was not a prerequisite.

Twenty-two cases showed no diarrhea. 13 of these reported only abdominal discomfort or dyspepsia while nine were identified by routine stool examinations. Five of the latter gave histories of diarrhea or abdominal discomfort.

Abdominal pain and tenderness.—These were common features in the dyspeptic, acute and chronic. The pain was usually associated with diarrhea and often appeared to have more than a connection of going to the toilet in lower abdomen. In 12 cases (34 per cent) it was dyspeptic in character. On the other hand, tenderness occurred more often in one or both the flanks. Though often well localized, the site of tenderness was not necessarily related to lesions in the underlying bowel. Several cases showing signs on sigmoidoscopic examination had no tenderness in the left flank zone. Furthermore, some of the most acute cases complained of neither pain nor tenderness.

About 10 per cent of the cases had tenderness in the right iliac fossa and right (37 per cent) such cases presented a clinical picture highly suggestive of acute appendicitis. Each of these cases responded satisfactorily to anti-amoebic treatment without surgical intervention. Frequently tenderness in the right iliac fossa was associated with a palpable gurgling rumour.

Other signs of intestinal dysfunction.—Frequently enough, nausea and vomiting were not confined to locally dyspeptic cases but occurred with equal frequency in milder cases showing cysts, *E. histolytica* in the faeces and often with a history of chronic dyspepsia and abdominal discomfort. Constipation was noted in only mild, relatively transient cases.

Constitutional effects of amoebiasis.—Severe cachexia and signs of nutritional deficiency were rare and occurred only in patients with relatively long histories of disease. However, half of the patients with histories longer than six months were found to be underweight and often far from fit. Whereas those with shorter histories were usually of normal weight and in good health.

A larger group of men seen among demobilized men in France did not show this close correlation between general condition and length of infection. The contrast suggests that the degree of constitutional disturbance in amoebiasis may be influenced by the duration of infection in the tropical zone. The effect of malnutrition, malaria and other parasites of the tropical campaign in this respect has been discussed by Perro (1941) and we ourselves have suggested by the rapid advance of the disease in undernourished African patients. On the other hand, with few exceptions, our European cases had revealed no single fact during the incubation of the disease and very few had experienced previous. This raises again the difficulty of interpreting the postulated individual variations in susceptibility to infection with *E.*

hypothesis. Routine chest examinations of samples of the European population showed that many individuals who had been repeatedly exposed to infectious respiratory viruses became cyst patients with or without symptoms of infection, others developed dyspnea.

Plasma protein estimations were performed by the method of Phillips and Van Slyke (1942), upon a random sample of 26 patients. The mean value given by this method for 17 unaffected controls was 5.4 gm. per cent (standard deviation 0.43). Of the 19 patients tested a showed significant degrees of hypoproteinaemia (5.0-5.4 gm. per cent), each of these being a severe relapsing case. The remainder (10) showed values 5.5-7.0 gm. per cent. Lowering of plasma proteins in certain cases has been obtained by Shoenberg (1944) as evidence of nutritional deficiency in cysticosis, but until the state of pre-suppurative hepatitis described by Rogers (1946) has been more fully studied such findings should be interpreted with reservation. Shoenberg (1947) has recently shown that alterations in the complex cholesterol fractionation test can be observed in cases of anorexia in the absence of clinical signs of liver involvement, and it is possible that hypoproteinaemia is a manifestation of liver damage rather than a pre-hepatic nutritional disorder.

Laminate was translucent in 21 cases (White Lily). This symptom, though difficult to score in a hot humid climate, was most marked in those cases with a long history of intermittent diarrhea and abdominal discomfort. Cases with shorter histories (less than six months) were not enough however. On several occasions the degree of laminate which developed, and the response to treatment which followed, was variable, treatment was ongoing. It seemed that anorexia, even in its early stages, could be regarded as an important organic factor in hepatic involvement. This symptom could sometimes be associated with a slight increase of secondary type, which was found in 10 out of 40 cases in which full blood counts were made. In these last cases the anemia was corrected at the end of the period of antacid treatment, without the addition of iron or liver preparations. The other common cause, were given ferrous sulphate as a routine. Such an anemia was not uncommon in Ceylon, however, and its precise significance in relation to anorexia could not be judged without a larger survey of the apparently healthy European population.

Fever.—26 cases had mouth temperatures above 99° F. and in most of these the process was mild and lasted only for 24 hours. Persistent pyrexia and high fever was associated with definite signs of hepatitis or, in one instance only, with massive typhitis.

Leucocyte counts.—These were performed upon 27 cases. A mild leucocytosis of the order 11,000-14,000 cells per c.mm. was a frequent but not variable finding in dyspeptic patients, as has been observed by Kawanabe and Willoughby (1947). In such cases the normal ratio of polymorphs to lymphocytes was preserved. Cases of hepatitis showed a more pronounced leucocytosis (14,000-25,000 per c.mm.), but in two such cases the differential counts showed about 65 per cent polymorphs.

Gastrostomies.—The clinical course of anicteric dysentery was not depicted, but some of the early changes and the appearances during periods of remission are well defined.

CHANGES SEEN IN PATTERNS OF ANATOMY

(1) Ruptured polypoid villi (red or pinkish dots with an umbil) (3) crypts with or without villi, often very small, as clusters of the surrounding mucosa. (4) Change usually yielded vegetative surface but occasionally we found only an intricate type of vacuole consisting of macrophage sheets of mucosal material slumped cytotrophs, epithelial cells and a few macrophages and leucocytes. A day or two later, small crenulations or a diphasic shape appearing, retained the *E. histolytica*. In some cases of this type, the *E. histolytica* found in the feces was acute or parasitic.

(2) "Pin point crater" (Kroger 1943) patchy hyperemia and broadened crypts were observed in most patients including, and subsequently, those exhibiting loss of cure. The changes were lost with a mild regaining symptoms but even amongst the affected mucosa, seemed to heal, but not was observed.

CHANGES SEEN IN ANATOMY AND IN OTHER DISORDERS

(1) Bright red granular patches, obscuring the vascular pattern but bleeding readily when touched with a wet loop.

(2) Red rounded depressions 1-2 mm in diameter. Lesions in (2) were observed in the healing stage of both bacillary and amoebic dysentery usually appearing in one and change the submucosal shape of the latter. (3) were seen in a variety of conditions—in some of period mucositis before and after treatment, crypt and villous crypts, in cases of cryptic dysentery and in treated cases of bacillary dysentery, in colonizations for agglutination with no symptoms and with stools macroscopically normal.

Certain other changes are worthy of mention. Late cases in the dysenteric state sometimes showed large ulcers with beaped edges, almost covered by a mound of loose mucopus. The vacuole abounded in leucocytes and macrophages and showed in strong films a multitude of phagocytic bacteria, coccidia, some fusiforms and spirilla. It is probable that in these cases secondary infection by one or more groups of organisms was playing a major role (Barnard 1945).

One case showed an nodular mass in the rectum which biopsy proved to be a tumor of mucosa, greatly thickened and ulcerated by amoebiasis. Another case showed a nodular mass on one of the valves, this was caused by dysentery after anti amoebic treatment, and showed a similar histological picture.

DISCUSSION

In addition to the series of lesions, a case of nodular hepatitis was seen during the period of review in European personnel. In these two cases pathological studies were noted in the living tissue, these became less marked after antibiotic treatment and may have been amoebic manifestations. Amoebicosis and possibly one case not uncommon especially in patients with intermittent diarrhea.

A survey of an equivalent number of hospitalized patients has suggested to one of the authors (Barnard, 1945) that one of the most troublesome

regard to the state of post-dysenteric colitis which may persist after the colonic infection has apparently become resolved. The present available evidence up to the late 1950's described in this paper was too short for any valid opinion to be given concerning the frequency of this important sequel.

Secondary colitis has been had often been quoted as playing a part in the pathogenesis of amoebiasis (Wintrom 1929; Winney and Price 1931) and as a factor in resistance to treatment (Hargrett 1941; Deane 1945; Ogilby 1944). Amoebiasis may co-exist with a ileocolic infection. In fact, this was relatively common (Jordan, 1955; Maxwell 1957) and in some instances it seemed that such ileocolic infections tended to be extremely severe (Stewart and Leslie 1949). In our series of cases only four consistent ileocolic infections were identified (three Fleming case 1000) and in each of these *S. flexneriae* appeared only after the bacillary infection had begun to subside. These cases were not typically severe. Further dysentery, in fact, was noted there, usually, no more so than had it appeared that the primary infection of amoebiasis was not affected.

Apart from the ileocolic, the nature of the secondary infection is known and needs definition. It is possible that some degree of secondary infection plays a part in every case (Maxwell 1955) but clinical evidence of this is obtained only when the evidence becomes finally parallel. In our experience this occurred only in late and relapsing cases. It is well to note, however, the evidence evidence afforded by the fact that some cases of amoebic dysentery are treated by treatment treatment with sulphonamides (Bloom 1964; Ogilby 1944) and penicillin (Hargrett 1947). Evidence made from such cases yielded only organisms which are usually considered to be members of the normal intestinal flora. The increased prevalence of certain atypical coliform organisms may be of significance (Stewart 1947) but there is as yet no conclusive evidence that such organisms are actively pathogenic in human amoebiasis.

TREATMENT

In the cases described specific antimicrobial treatment was withheld until the parasite had been identified unequivocally. In one case there was only one circumstance in which a purely clinical diagnosis might be justifiable in a hospital patient, namely in the complication of hepatitis where already the patient was severely ill and where, in any event, the response to treatment was one of the less diagnostic guides. There was nothing original about our methods of treatment. A single course based at least three weeks and always included three or more of the standard measures. Emetine injections were given usually during the dysenteric phase or when hepatitis was suspected, sulphonamides or penicillin occasionally with penicillin, where the presence of flask pus in the stool suggested the presence of heavy secondary (bacterial) infection. EMB, quercyl and steroids were given for the remainder of the course usually carried out by the 'Lancet' method (Adams 1954). Resection was used in a few cases.

Quercyl or rheogum.—On the average, male patients were able to retain about 50 to 60 per cent. solution for six hours on alternate days throughout

the cages, the average macronema was 545 \pm 1, the range being 350-655 \pm 1. The macronema was increased gradually—550 \pm 1 was given on the last day and increased thereafter according to the patient's tolerance. It has been shown recently (Daly, 1947) that volumes approaching 500 \pm 1 are required to match the control, so it would appear that some of our patients failed to derive full advantage from the particular form of treatment.

RESPONSE TO TREATMENT

In treating these and other cases, we found that while most forms of treatment were capable of shortening the macronema cycle of disease, only a large course of cases with long follow-ups and constant criteria of cure could enable one to give a final verdict on any given form of treatment. It is not therefore proposed from this study to compare the different methods. Instead, we have made a general summary of the effects of treatment in fig. 2 and Tables V-VI and VII.

Our criteria of cure were as follows (one month or more after treatment):

- (a) 12 stools negative for *E. bovis* (fresh and cooked)
- (b) Faecalology—no viable larvae
- (c) Not more than three faecal impurities per day

These standards were fulfilled in 100 cases in the remainder the test of cure was microscopy. Tables IV-VII refer to only 100 cases.

The overall relapse rate was 21 per cent, macronema relapses constituting 15 per cent, and later cases (one to five months) 6 per cent. Of this 21 per cent, 24 per cent showed *E. bovis* in the test of cure specimens. It must be realised, however, that although 24 per cent were shown as relapses, 15 per cent show of definite and often considerable clinical improvement, though for one reason or another they failed to pass the test of cure after the first course of treatment. Only 4 per cent proved to be intractable, thus there was no doubt as to the value of treatment. The only doubt was as final efficacy (Table IV).

When relapses were analysed in relation to the severity of the disease (Tables V and VI) it was found that relapses were significantly higher among

TABLE V.—RELATION OF RELAPSE TO SEVERITY OF DISEASE.

	Relapsed	Cured	Total	χ^2	P % S.E.
Severe	7	8	15	7.15	0.01
Less severe	14	74	88*		
	—	—	—		
Total	21	82	103		

TABLE VI.—RELATION OF RELAPSE TO LENGTH OF DISEASE.

Length of disease	Relapses	Cured	Total	χ^2	P %
Over 8 months	8	7	15	15.55	0.01
Under 8 months	13	65	78	0.88	0.35
At least 10 days (relapsed)	—	4	4	0.05	0.85
	—	—	—		
Total	21	76	100		

Table VII.—Response in Relation to Period of Onset of Asthenia

Phase	Relapsed	Cured	Total	%	S.E.
Dysphasic	10	20	30	66.7	5.1
Non-dysphasic	10	45	55	—	—
Total	20	65	85	—	—

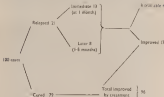


Fig. 12.—Diagram of the treatment of 120 cases. Intermediate, non-dysphasic.

patients with a severe infection (postoperative infection, carcinoma) and in those with longer histories.

The similarity in the response rate between the dysphasic and non-dysphasic cases is shown in Table VII. Under the conditions described, this suggests that a patient with dysphasia had no greater chance of cure as a case passing acute. It should be remembered, however, that all dysphasic cases received operations of one kind, whereas the others did not. Some dysphasic cases invariably showed the most extensive lesions and since the ordinary response rate was significantly affected by the severity of the disease (Tables V and VI), it could be speculated that the apparent discrepancy in Table VII was accounted for by the fact that many patients in the non-dysphasic group received no operations of one kind.

The custom of giving ten to twelve operations of one kind to every case has perhaps rightly been abandoned in many centres of treatment, but perhaps the pendulum has swung too far in the other direction. It has been shown that craniotomy is ineffective in relieving acute (York and Johnson, 1955), but it is a fact that craniotomies which are repetitive in lesions in the upper reaches of the cortex become futile by the time they reach the axis. Then there would appear to be a strong reason, in the tragedy at least, for giving operations of one kind to certain cases which are not apparently dysphasic. Such cases are best

discharged within 24 hours after previous hospitalization in cholera (mostly 4 cases) and 10 had early relapse of disease (probably 4 or 5 from 10 cases in the series).

While cholera was more common among those with a longer history and more relapse, Table VI shows that out of 18 early cases, 15 (83.3 per cent) relapsed. It may be concluded that treatment should not be modified or extended in an early or apparently mild case.

Comments

The incidence of cholera in young European Service personnel in Ceylon during 1944-45 is somewhat related to the high carrier rate of the infection in Asian food handlers. The practicability of food handler control is discussed.

The more important effect of failure of a group of 148 European cases are described. The importance of cholera as a cause of prolonged ill health and absence from duty is emphasized.

In spite of the relatively high incidence of bacterial cholera in Ceylon double infections with *E. coli* and the *Shigella* were uncommon.

Certain factors contributing to relapse after treatment are discussed.

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THE MEDICINE OF HISTORY

PI

Surgeon-Commander J. W. L. GOSFELL, M.D. C.B., R.N.

Many of the technical expressions of medicine and surgery have passed into popular usage with or without some loss of their original significance. One of the most curious instances was in which no professional necessity is at immediately apparent is the nursery phrase 'leggly legged'.

Its origin is to be found in the Temple of Serapideum itself where one of the therapeutic preparations used was a purgative mixture known as *Hiera Pura* or the Sacred Elixire. This preparation underwent many changes in its composition at the hands of the various physicians, whose names became attached to their particular mixtures, but in essence it remained an extract of aloes, its general discreditable being put down as it remained, historically the same for centuries and was given in the London Pharmacopoeia of 1731 in the preparation of Alexander of Tralles who suggested his variation in 400 A.D. The name *Hiera Pura* became transferred into English poetry, an alteration in which one can appreciate remote influence. According to Thompson (*The History and Art of the Apothecary*, 1822) a preparation was still used in the Birmingham area during the nineteenth century by the name of 'Pukery stick', while the *British Medical Journal* for 1849 reports a case of poisoning by *Hiera Pura* containing rhabubarber used in peduncle abortion. It is a natural childish transition from *hookery pukery* to *leggly leggedly*, the nursery being the one place where *Hiera Pura* would naturally be found in most frequent use.

Another modern expression is rather a late modern expression, since it now seems to be going out of fashion as a bit of poor thought. Like *leggly leggedly* the leg is question but an air of propriety about it entirely suggested when one seeks its origin. 'Under-prince' was the phrase in exactly the same sense that we do to-day, but also was the Spanish name about the Prince in the Latin for leg. The expression was used for a derogatory gesture made by thrusting the tip of the thumb through the fork between the index and middle fingers, held in the form of the 'Y' sign, which is not only an aspect of victory, but is also a modern derogatory gesture. On making the classical leg gesture its semi-manual significance becomes apparent. In Florio's Italian-English dictionary published early in the seventeenth century, under the title *The First World of Words* there is the following entry:

Legge is leg. 'No' is, hand with one finger over the thumb in gesture. 'Yes' is, hand to hand a leg for me. 'Yes' and 'No' for a woman's speech are.

I was told by an Italian medical officer that the expression *legge* is still used vulgarly in Italy for the same sign as that for which the English vulgar and obvious abbreviation of 'yes' is used. It is interesting to note that usual debasement of both words has taken place in English and Italian words which were once used in cultured speech. It is tempting to assume that similar cultural, unmarked English idiom might be derived from this word *legge*. It is a curious

last few words come to line their original properly and pass from ordinary speech into unacceptable slang. These inverted might case so read the opening lines of Ben Jonson's *Alchemist* by another example. A wonder how all propriety is to be found in the perfectly acceptable Elizabethan "poa," which will be discussed later. An example of a word that has risen in the world is to be found in *macabresque* whose original meaning is given in any standard dictionary.

Ben Jonson does not provide the happy hunting ground for the method *Antiquary* that Shakespeare does. In the *Alchemist* however, he mentions one example of barbarous medicine, which Shakespeare has overlooked. The use of dissolved pearls as an anesthetic. Pearls were in great demand for this purpose too, according to the price list of 1680 quoted by Thompson that were sold by the apothecaries at from four to eight shillings a pound. Pearls were a long established remedy, being mentioned by John of Andrus in the fourteenth century. They were a constituent of the Chamber of Rens's powder (seventeenth century) specifically recommended for convulsion, plague and measles. In addition to the one ounce of pearls, this powder contained four ounces of the finest part of tips of asses of one crabs (in 3d, per lb) one ounce of roser crabs' spurs (in fact, remissions from the heads of scorpions at 10. 00, per lb), and musk (in 3d per lb) stage bees' bones (in 3d, per lb) incorporating all my directions of usage.

The notorious distempers were many and varied. Gibbons has contemporary writings show that in Rome one treatment was to drink the fresh blood of recently slain gladiators. (He also said that the same provided sufficient material for a study of anatomy and that it was severely necessary to choose being recovered for this purpose.) A seventeenth century author, Charon, shared this Roman belief in the value of blood in a more refined way, as the valuable salt of blood, which in addition to its anti-epileptic powers was of value in cases of dropsy, gout and skin diseases. Both Charles II and Henry VIII treated themselves by pumping medications. Charles in particular being subjected to such operations. His physicians were really quite noble, including anatomical dissection as *Pope's* describes. A famous composition of his was the mixing of extracts of human skull, which became known as his drops. The dose was up to twenty drops used as an anti-convulsant. It is quite justice that this therapy was actually given to the king himself as he is dying from a sudden stroke, presumably a cerebral hemorrhage. Blood for this purpose could be bought from the apothecaries (using from eight to eleven shillings according to size). Paracelsus used a similar preparation, excepting that he provided these skulls in his prescription—skulls of men who had died a violent death and who had not been buried. No doubt the gallons and hogs heads worth of the period kept his dispensary well supplied. The use of skulls was not unusual enough in accordance with the doctrine of anatomy in cases where the head was obviously affected. It is less obvious why thousands of precious flesh or the urinary excretions of bulls should have been used for the same pathology.

The use of human and animal fat was very popular during the Middle Ages and lasted up to the end of the seventeenth century, long to be covered.

in the form of modern esopothoraxy. One of the cases itself related and was in the interests of art, since he had been the patient, did open and then freely applied in the form of a hot moist application. In his esopothoraxy, *Neurologic Oculi* describes how he was cured of a metastatic foreign body introduced in his eye by the dropping into the eye of the blood of a patient. No esopothoraxy was used, mixed with honey, and applied as a hot dressing to relieve the pain of injury, calculus (John of Ardenas, fourteenth century). What must be one of the earliest accounts of blood transfusion is given by Paga in his diary on 11th and 12th November 1666, and 12th and 13th November 1667. The earlier dates are those on which he describes the successful transfusion of one dog from another. The recipient was killed consciously from one vein while receiving in another the donor becoming anaesthetized and finally dying. The 1667 entries record the transfusion of a mentally confused prisoner in poor circumstances, who was transfused with the blood of a sheep. Twelve ounces in two months for which experiment the author received twenty shillings. Paga does not make it clear whether the intra-arterial route was used but presumably it was carried out in that way as in the experiment with the dogs. The prisoner afterwards gave a model in terms of his experience. A repeat experiment was attempted but Paga does not follow this up.

On the occasion of the dog experiment Paga writes: 'This did give occasion to some good words, as if this blood of a Quaker be to be run in Archbishop, and such like, but, as Dr Crooke once says, if it takes, he of himself will be man's health. For the sucking of bad blood by borrowing from a better body.'

There are many medical references in Paga's works of no more on their own. We can be amused with him when having been ordered a pair of spectacles, he sends his physician a few days later at a demonstration the setting to show the anatomy of the eye, where he learns that his adviser is himself unfamiliar with such anatomy. Having bought a new wig Paga is very surprised as to whether or not wigs will remain as before, as the result of the plague, owing to the widespread fear that the hair of corpses dead from the plague would be used for this purpose and so spread the infection. That that hair was obtained in this way in the previous century is borne from Shakespeare himself:

Behold the golden tresses of the dead!
The sight of which makes more shivers walk
Than just a thought of it, no, not dead.
The lady's dead hair, with another's eye.

Shakespeare

There is another such reference in Act 3 scene 1 of *The Merchant of Venice*:

Yours, given to the Countess of Kent, were taken by Antonio, do belonged to me, my daughter, who she believed as the victim of mine. Writing to her daughter in Rome, 1667 she says: 'The day before I take eight drops of essence of mine and continue in it, until when it has purged me from sleeping. Apart from her vapours, mine was held to be of value in the treatment of sleepers, paralytics in treating labour and for the clearing of

So, for example, back to us to drive up? This opens with a somewhat (i) judge the problem. To quote a, from chapters of William Faulkner's *A Sound and the Fury*, a contemporary of Faulkner. Faulkner's approach is that this might be chapters of Faulkner's or not, could refer to a few scenes from a few chapters.

[illegible]

There has been some talk about a possible but a possibility

The shedding of the gallies felt, while more political and more of history. We have seen how Perachon required the skulls of men who had had a violent death and had remained unburied, so that in most of his material came from the gallies. Usually such skulls were not material from them. Skins like this were put in the big grave in some of these towers or Union, which was gathered and sold as an offering. The list of executed criminals was sold by both the owner, priest and the apothecary being used externally as an ointment for painful joints. Meanwhile, in the marketplace to quote last one of the many beliefs associated with this plant was believed to grow under the gallies where it was fertilized by corpse droppings. Such droppings or "poison" would be the criminals. Real or great which occurs in cases of death from ignorance.

greater than is not mine.
 Above the abundant is golden flame
 Beneath the life, the flame

100

The papers served another useful purpose, markedly speaking, in that they provided the official material for classroom study. Such documents were public affairs, as Pappas remarks, but, as a rule, of the numerous regulations, the schools got only a couple or so looked at yearly. It used to be part of the clerk's duties that the books should be "maintained."

Another component of the watches' death in *Watchmen* was a death strangled into. Whether a deliberately strangled body, or one accidentally strangled by the cord, was meant is not clear. This ingredient is not pure *Macbethism*. The plot was merely quoting the contemporary idiom as to the constitution of the material used by watches to enable them to perform their magical transportation, soul transference, which laid for its fundamental base the fact of a mortified subject.

I do not think that the history of Elizabethan and Restoration medicine can be adequately studied without at the same time seeking and appreciating the richness of contemporary outlooks so closely were the two subjects interwoven at that period of our history. The belief in witches, wizards, enchantments, sorceries—and these what you will—was firmly held by the

most variety of individualities. The educated as well as the ignorant, living the nineteenth century particularly, the nineteenth century, in England. It was a republic with a more living, with superstitious customs and beliefs (things such as we tend to do) but a belief which affected their daily life and present and even diagnosis. Sir Thomas Brown, physician and author of *Acute Medica* is always quoted as a believer in the power of witchcraft—and he once gave evidence in court to that effect—but by his side could be ranged many others of intellectual attainment or renown, such as James II. who actually wrote on the subject of demonology, and Cromwell of the wasted man, during whose Commonwealth the witch hunting in England proceeded apace. Proof of the importance of witchcraft is to be seen in the abundant bibliography which has arisen. One of the best known is the *Compendious History* of Gougeon, published in 1688. This book can be described as a textbook of witchcraft, at the end of which are described the various signs and symptoms by which it is possible to determine if a patient is afflicted by demons or fairies. According to Gougeon, imaginary fevers of the tongue are produced by witchcraft, but it is much more interesting to learn that the same diagnosis obtained in a case even which the physicians are unable to make up their minds about the diagnosis, or when they keep sharing their opinion—that is a sure sign of Devil business. The opinions of Sir Thomas Brown are of more importance when we recall that he was the author of a curious work *Foundations Rudimentum*, or an *Essay* into Common Errors in which he sets out to demolish such superstitions when as that the elephant had no knee joints, that the champagne has on ice, that the voice of birds is poisonous or that the phlegm of that fabulous animal the basilisk is fatal, all of which beliefs are quoted repeatedly by Shakespeare. Another widely held notion was that of spontaneous generation of certain animals and insects. Expressions of this and shedding light on the lack of sanitation at the dwellings (in this case London house) during the Elizabethan period, a state of affairs considered by Erasmus, in the following quotation from *Henry IV., Part 1, Act 2, Scene 1*:

"Why they will stink in their beds and then we look on your chimney—and your chamber is swept, that like a house"

I have not come across any mention of their used medicinally, but the records do not lack examples of a therapy equally interesting. Witches appeared in the official pharmacopoeias and were still in use in the eighteenth century, in a dosage of up to 200 a day. William III was a distinguished recipient of such a treatment in June, 1700, when he was given 100 grains and the price of thirty hog hoes at six a clock. He was suffering from the stone.

The appeal of the early writers has not only in the interesting material but to a great extent in their style. One of the most readable is the *Meriel of Good* written at the close of the sixteenth century. Its attractive use of unadorned language, not without occasional deliberate language games on their part, gives of our own oldest pharmacology, and "relevant names" style of note writing. The examples to be given now are chosen, however, for their interest rather than for their style. Writing of Thomas Woodcock in *AD* book, Gerard says

[illegible]

It should not be called to your attention that different hair treatments can be used in combination with each other. For example, you can use a hair conditioner with a hair cream. The hair cream will help to keep the hair from becoming too dry, while the conditioner will help to keep the hair from becoming too oily. The hair cream will also help to keep the hair from becoming too dry, while the conditioner will help to keep the hair from becoming too oily. The hair cream will also help to keep the hair from becoming too dry, while the conditioner will help to keep the hair from becoming too oily.

We leave the Independent Church for last, although it is not, as you are writing, his Survey of London at the same time as *Survey of Africa*. It is an account of the various premises of London of these buildings, churches, government and history, set out as the first phase a Survey building ground for some of medical interest, with which, as fact, it abounds. Of particular interest to Survey medical officers is the account given of the hospitals of Southwark, and the conditions, noted in 1740, amongst hospitals, some before

That no more borders or open walls should let us stay any single nation is a good reason, they say, to let nations define themselves better.

Why not a lighter tan lamp very warm by hand but not by hand (over) at the elbow?

The table also shows how the response is distributed in the world's three largest regions.

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Just to keep any single person or institution out of the building, but the building has no doors closed and all the windows.

Don't assume everyone in the house agrees with their parents' love life.

[illegible]

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

*All names are for the citizens of the United States.

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But even harder to keep up women that have the product industry on learning that to sell based on their that need not to be any outside the.

The word *learning*, or *knowledge* must have indicated the same domain as that called by Latin *doctrina* *doctrina pura*.¹ *Doctrinae* made unambiguous reference to doctrine but as compared to its connotations in which divine learning and church pure presumably refer. I think there is a play on words intended as "For one of them, she is a Hell slowly, and hence pure and from *Omni P* Part II and *A* in *di* later her" from *Two Vols* *Reverend* suggesting potential solution. The first could mean who *St. Anthony's* here the diagnosis of which might be cryptic and as cryptic as intended in the real-time construction of unexpected metaphors. Symbols

generally assumed the leaves spread more loosely, as the specimens mentioned due to the action of exsiccators in their very preparation; at the end of the campaign in Italy, during the middle years of the sixteenth century. There are abundant references, however, to inflammatory lesions of the penis and urethra much earlier than 1480 (of which decade-poor is not enough). Arteries given no attention during the treatment by vegetation for these lesions. The heretofore of leprosy were under the burning jurisdiction of the Bishop of Winchester where London residence was adjacent to them. The case at Shakespeare's *Henry IV. Act II* where the Bishop of Winchester is treated as his acquaintance with the heretofore is founded on the account given by Shakespeare in his Chronicle. The term 'Wounds of the penis' became applied to those affected as these heretofore

some called a wound of Winchester's and two
 all the 22 years and such about the same
 and it did not take long to see the disease
 I think and conclude

The use of the word *penis* was adapted to the local dialect, but it was formerly used in ordinary speech and writing as a word in common use. Some English and Shakespeare all used it. A further example can be found in the writing of the famous Willie who described diseases in 1650 as 'The Penney Wye'. A modern survival of the word is found in the French for dandruff *poivre* which perpetuates not only the former property of the word but also the sharpened beak and the modern folk here believe in the property of the wild flower. Dandruff was only one of a large number of other plants which were thought to have the virtue of 'preventing urine'. So numerous in this regard, it appears to have been that including Calceolus, a Model it was a relief to come across Daniel, a plant which had the opposite effect.

It is an interesting problem trying to elucidate the pathologies of historical characters from the old literature historical records and letters at times transferring from the lack of detail or from the time terminology used. Queen Elizabeth's death can be recorded in several thousand and other records. She had remained in good health both physically and mentally until some time shortly or so before her death when during the latter half of 1588 she started going downhill, becoming melancholic and 'sighing and' and at last 'she became decidedly worse in the spring of 1589' it being thought that her mind wandered at times. She was already ill in the middle of March but would not go to bed. On the 21st of March she became speechless and then went to bed, one arm lay outside the clothes, the other being underneath. She was able to understand speech and answered by moving one hand lifting it to her head. History does not record or set as far as I have been able to find, when laid by in bed and was presumably paralytic but it is to be assumed that with her speech rather poor it would have been the right hand which was in bed. She died the next day, having been in bed for only three days and having received treatment. She died aged 39 rather more than the usual expectation for those times and appeared to have escaped the heavy infection from which Henry VIII is supposed to have suffered. Contrary to her wishes her body

1665-66 Dr. Barrow, he makes a brief appearance in Shakespeare's *Antony and Cleopatra* (1606-7), and still longer passages which were associated with the plague in a contemporary magazine. It is going to add that Henry V suffered from a more sufficient and blossoming of English music, who has been remembered that perhaps Shakespeare's play that might well have been applied to Tudor or before the statement which Henry made in 1579 was correct. Henry was the subject of Dr. Barrow's own - the play. He wrote that he and those others had cured a thousand more of you, in five years and that fifteen out of every twenty were admitted to that hospital had the infection. So perhaps, what all appears and not just was the more universal complaint.

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PLAGUE IN SHAKESPEARE AND PEPPY

BY

Surgeon-Commander J. M. L. GOSFELL, M.D., C.S.B., R.N.

The Science medical office has little or no opportunity of studying the early writings in medicine, with very rare exceptions repeats in the work and the original due for the most part hidden away in other passages or general literature. Plague fortunately furnishes a unique example of a condition whose history can be studied from popular literature and easily available. I have in this article taken a few quotations from Shakespeare and Pepys to illustrate the interest and information from a medical aspect that can be gathered from these writers.

History is so badly taught as to be far, was so badly taught in my day, that the impression was laid as a schoolboy was that the so-called Great Plague of 1665 was an isolated event in English history, no epidemic which was ended by and as a result of the Fire of London in the following year. An attempt was made to show that plague was in fact endemic in England and had occurred many times in epidemic form with a severity approaching or even exceeding that of 1665. In fact plague entered so much into the life of the citizens of the Middle Ages particularly during the medieval century that it threatened the economic existence of both individuals and the community at large. It is for this reason that we find so many instances, directly or indirectly, of plague in the ordinary literature and records of that period. It is not to be wondered at that Shakespeare, who died some fifty years before the Great Plague, should have made so many references to it. How a surgeon, that that there is more to be learnt from the professional literature than from the family stuff. These little was written by English professional men.

The causation of plague remained a matter of speculation, and the effectiveness of the measures in 1603 and the role played by the rat flea which had to wait until this century before being generally accepted. Throughout the centuries from classical times the infection was held to be conveyed either by suggested contact, an effect of food or air. The poisoning of the air or ground was believed generally to be especially dangerous when it came from corpses, buried or otherwise. This belief was upheld as late as 1860 by Loughing and is set forward in his *History of Epidemics*.

It is generally held, now,

That it is more highly fatal, it being less prone

To this rank air.

Plague of Athens 430

Shakespeare here gives us not only the contemporary view that the infection of plague came from the air but, in addition, implies that the variation was an expression of selected wealth. The same idea was expressed when aphids spread in epidemic form over Europe at the end of the fifteenth century. A Dutch publication of 1608 has an illustration showing thousands of selected infection being thrown from the clouds from the person of an infected person on to spotted soldiers on earth.

Deviating Providence, brings to the aid

And the art flying to a broken chain

Richard III 1.4.16

To fly or not to fly was the great problem during plague times: those who could did so. Parliament and the Law Courts around these centuries in London, the courts, whose presence meant work and maintenance to many working people, moved elsewhere. The clergy, left their pulpits while the better houses physicians followed their wealthy patients into the country. The countrymen were hostile to their unfortunate town fellow countrymen, not unreasonably so: many of the religious died on the way or through infection with them. In spite of these difficulties the roads were thronged with the infected.

I find all the roads almost going out of London, the country and a great town, all full of people going into the country, and out of the town. 1603.

The air in infection, which, to these points still agreed with the situation as well as the knowledge and custom of the time allowed. A plague order issued in 1545 stated that the sickman should "cause their families to set the sign of the Cross on every house which should be affected with the plague, and there continue for every day." In addition to these signs were pointed, by a cross over the main "Load here many upon us." The removal of sick persons was originally pointed as done, but by 1605 had been changed to red. The forty day quarantine period was later shortened to twenty days but reverted to forty during the epidemic of 1665. It is to be noted that the word quarantine is derived from the Italian for forty.

"What Load here many upon us on these roads

They are infected, in these hundred towns

They have the plague, and struggle at it, poor ones

These beds are visited, you see, and run

For the Lord's sake, as you do, I see,

Love's Labour's Lost 1.1.100

I remember that in some time that hen-chickens, and a couple of the cocks, which were to be kept burning in the streets, as they were used on the subjects of the air and a practice dating from classical times. The hen made some noise, quite such as violent materials were covered by watches and had to be burned on three days each week at seven in the evening. In 1860 was such the had to be burned opposite every sixth house. Their value was supposed to be in the burning and drying of the air in addition to the purifying effect of pungent fumes.

To London to pick up more things, and then I was from burning in the streets, as it is through the whole City. In the Lord Mayor's order, all the way from the north side of the Thames. —*Police Act, September 1860*

Such measures were taken in the houses for which sulphur was widely used. The burning of steaming of herbs was a common procedure of medical domestic hygiene.

Being entertained for a perfume, as I was smoking, a study room.

Black Isle Street, Madras. 1860

The order, of perfume in a great respect with an all Oxford to contain our situation.

British, London, of Madras, 1860

Such herbs as sulphur, were grown in the Elizabethan garden, together with other herbs. Otherwise they were to be purchased at the apothecaries, who were allied with the Company of Doctors, alternatively called the Poppers or 'Squers'. As was common with most trades they congregated their premises, as a street called after a grant by the name of Buckle.

The whole street called Bucklebury, as both the side throughout is composed of grocers and apothecaries spread the west end toward. —*Survey of London*

Like, result to me a supply, and suitable Bucklebury, as sample time.

Survey of London, 1860

The inhabitants of the street, as also the tobaccoists, are said to have escaped the plague infection. Tobacco was regarded as a prophylactic, in accordance with which the boys of Essex were ordered to smoke, being punished if they did not do so, as the contemporary chronicler states on leaving evidence. In Podge, affected by the sight of the red cross in Drury Lane was

put me in the concept of my will and my soul, as that I was forced to buy some red tobacco to smoke and tobacco, a herb tobacco, the apothecaries.

The belief in the prophylactic value of a pleasant smell accounts for the 'pomanders' of the apothecaries and also to prevent good fumes, for the purpose of a remedy in the Podge.

There was an assemblage suggested remedial or preventative, escaping from disease in the streets, through charms to 'vampy'. The latter remedy was a survival from classical times and was forgotten by Fast amongst others. It was alternatively called 'vamp'. We have seen how it was used to sterilize both a man and his wife. It was also used internally.

HOSPITAL SHIPS IN THE SECOND DUTCH WAR

BY

DAVID STEWART

So far as can be discovered, the first country to employ hospital ships was Spain, and at least two of these vessels sailed with the Armada in 1588.¹ Certain amount of information is available about one of these: The *Santa Pater the Great*,² she was a ship of about 250 tons burden, and carried a crew of 60 men, 100 soldiers, and a hospital staff of 10. She also had on board goods of value to the value of 4,000 ducats, which was about £1,000 or £2,000 in English money. These details about this vessel are verifiable because she was wrecked, and the local authorities had to make reports on her condition to the Privy Council (Langhorne, 1894).

The English Government, however, was not interested in the type of ship and found little complement for them for service afloat. It is true that Shaw (1898) mentions that the *Goodwill* was used as a hospital ship in 1685, but nothing seems to be known about her tonnage or of the strength of her ship's company. Nevertheless it is of interest to know that this was the last ship of this class to be employed in the service of the Navy.

Again, through some casual references to it, we learn that a hospital ship was attached to Penn's squadron during the West India expedition of 1684. The troops were landed at Hispaniola (St. Domingo) and behaved disgracefully; it must be supposed that some of these officers did not share them a very good example. One of these officers contacted himself so badly that he was brought before a court martial on a charge of cowardice. This man was the adjutant general of the force, a certain Captain Jackson, who somewhat luckily was only wounded and not wanted to fight. He had language to make the additional indignities of having his sword broken over his head and of being sent aboard the hospital ship as proof there to work as a soldier to keep it there for the benefit of those who had been wounded through his cowardly conduct (Ainslie).

There is no evidence that hospital ships were employed during the first Dutch War. Although Commonwealth ships found it necessary to evacuate their sick and wounded, they were compelled to come into port to do so. This would have been unnecessary if hospital ships had been in service.

Despite the fact that the government of the day did not estimate hospital ships of much use in warfare, their value was not entirely unappreciated. At least one contemporary writer of opinion said:

There is nothing more necessary than that every squadron of war ships should be carefullly provided with three hospital ships; and that these ships should be appointed and placed before the first gate out to sea, and that there be such a well regulated order for the receipt of sick people, and every ship go forth with an able, charitable and his care, to be constantly ready to assist

About 1 dozen pairs
 20 boxes, 4 lbs. —
 2 dozen bags, 1/2" cotton padding
 8 or 10 dozen 4-quart dishes and spoons
 About 2 dozen wooden bowls
 8 or 10 dozen earthenware basins
 1 dozen tin wash basins
 1 lb. washed brown thread
 About 2 dozen needles of several sorts
 8 or 10 000 pins
 1 or 2 pieces of broad tape
 8 or 6 pieces of narrow tape
 2 bed pans
 2 soap-dishling dishes
 1 dozen tin screens
 2 boxes or copper basins containing 4 or 5 each one
 2 bottles each containing 2 quarts
 1 dozen tin soap-pans
 2 lb. Castile soap
 6 soap-pans ready
 1 quart, 2 pint vinegar
 1 or 2 bottles kerosene
 About 2 quarts French ketchup
 1 or 2 lb. rice
 2 bottles tea, fruit
 1 box — or, if about 10, a tin
 40 more sundries
 1 pound of needles
 1 lb. muslin
 2 lb. calico
 4 or 5 yards
 1 dozen quarts of molasses (at p. 1)
 6 wide counterpane

The above list was published by Shaw in the *Western Messenger* for 1835. He then points out that although it was somewhat crude and vague, it showed a real advance on the assistance given to sick and wounded soldiers in time of war.

There is undoubtedly an abundance of suggestions hanging about the document: the exact numbers of any one article are not specifically laid down, and it would seem that here was a leaving room opportunity for some disinterested enterpriser to make a killing on the quest. It is possible however that this is the list that was used by the governors of the Barker Sargeant Company to the Navy Commissioners and contained their suggestions of the number of things required for equipping a hospital ship. No doubt when the appropriate authority put down on the list the number of things in charge three or four more clearly defined, and the officer responsible for their safe custody was left in no uncertainty as to the numbers of articles for which he had to account.

There is of course another possibility that must not be forgotten: hospital ships varied in size and therefore varied in the number of patients that they could carry. From this it would follow that the number of articles required

the two hospital facilities in one ship would be many more, if a hospital is considered an auxiliary vessel. For this reason the number in column 1 (1-100), recommending hospital ships to be rather small. The articles in this list were applied to the auxiliary trade, but it has certain, often too close, contacts with commercial shipping, the respondent stated, but for an advanced shipping station in the Dutch East Indies area. Certain items were to deserve further comment. One would like to know why two items were in brackets were considered desirable. This is due to the fact that none in the article is that they were such a special one. Both ships presented that before the days of modern appliances the average care of pain was a somewhat slow process, and that this was the main reason for the fact that were the case, the allowance of a very small amount of pain, perhaps one. It was possible to think that the intensity of pain was rather powerful, but it must be remembered that the patients used to the sick were identical to those of the ordinary healthy person. The patients were made up mostly of, course, old men and old folk of obvious quality. These would be available in disposing their beds and making them more suitable and structure to a new man. Taking the list as a whole, I think that we can come to the conclusion that a good deal of thought had been given to, naturally, to the matter, and that it was by no means an unconsidered solution of the problem of how to ameliorate the lot of patients on board hospital ships.

The appointment of the surgeons to these two ships was made not without difficulty. Paine and Craven, obviously working in concert, in the letter mentioned above recommended a certain 'Dr. Robinson' for the post of senior surgeon in one of these vessels. This suggestion did not get a desirable response (J.S.P.D. 1804-5 p. 181) and the Navy Commissioners asked the governors of the Eastern Hospital Company to nominate suitable candidates to fill the position of senior surgeons in the two hospital ships. On the 25th April the authorities of that company replied to the Commissioners saying that they had selected Edmund Hogg and William Smart for this work; they were both experienced surgeons who had been employed during the first Dutch War and were therefore fully qualified to undertake this important work (J.S.P.D. 1804-5 p. 184). That no doubt would have settled the matter if Surgeon Hugh Kater R.N. had not been out of a job. This officer had been unfortunate. He had been surgeon in the *Rosnach* when she was wrecked in December 1794, and on the 25th April of the following year had been appointed by the Duke of York, the Lord High Admiral, to a similar position in the *Arctonwell*. Again he was unlucky, as he was unable to take up the appointment on account of illness (J.S.P.D. 1804-5 pp. 188 and 189). Whether because people were more for him, or because he had friends in the right quarter when these hospital ship appointments he was available he was made Master Surgeon of the *Amstel* (which was the larger vessel). This left now but one vacancy, which was given to Smart, and on the 25th May the Master and Wardens of the Eastern Hospital Company decided that the drugs and instruments supplied by Hogg, the apothecary, the surgeons' board

of images (few of the hospital ships were submersible in both quality and quantity) (1910-1911, p. 797).

For much of her life the hospital ship *Esperanza* joined the Fleet as a submarine (1897-1904), for the wounded it was before the battle off Lissa (1866-67), and she was able to join with the remainder from that action. (The number of wounded was about 400 (Montagu) so no doubt the *Esperanza* was loaded to capacity, or even beyond it. 'We set sail for Harwich but unfortunately was held up by head winds and took six days to make the passage. Her supplies must have been pretty well exhausted because before her master surgeon, wrote to General Phips to let him know that he had used up all his stores and required a fresh supply. He also required four more assistants and more cooks because it would appear the wounded were going to be kept aboard the vessel and not landed (R. S. P.D. 1866-7, p. 438).

Not a great deal of information about the activities of the *Esperanza* is available. For much the end of August she brought in about a second load of 300 men into Harwich (R. S. P.D. 1864-5, p. 241) and about the 28th September she took a cargo of 250 sick into Deal (R. S. P.D. 1864-5, p. 285) it may be presumed therefore that she was regularly and actively employed throughout the whole summer.

Less is known about the *Joseph*, but there is some evidence to suggest that she was not a very happy ship. She started badly, as late as the 11th of June she had not joined the Fleet and James Watson—probably her master—was asking for accounts for the losses on prizes and captures (R. S. P.D. 1863-4, p. 416). A little later she was definitely in trouble because her Master had refused to allow her crew to be mustered (R. S. P.D. 1864-5, p. 234). Taking all these things into consideration it is extremely doubtful whether this hospital ship did a great deal of work during the summer of 1864. Presumably she must have done a certain amount as the Government was charged with her care from the 1st June until 15th December (R. S. P.D. 1864-5, pp. 124-5) but of course this is an assurance that she was actually used. Plenty of governments have been charged with and have paid for things that were actually employed. One thing is certain—both the *Esperanza* and the *Joseph* had ceased to operate by the 28th October and that for a reason very characteristic of the period—there was no money to pay for them (Phips) for as often happened in the reign of Charles II a paid scheme broke down for the want of cash.

During this war an interesting suggestion was put forward for the employment of a special type of hospital ship, steam driven. This suggestion is English because in the Plague Year and for of the disease struck home into the hearts of men. There were no naval hospitals and the civil population refused to take on the sick because in case there were infected. Inevitably the captains of the 'plague' ships refused to receive on board men who had been sick on shore because this might bring infection into vessels under their command. To deal with this emergency it was suggested that a special 'plague ship' should be employed to receive cases of suspected plague from the

fleet and almost lost the difficulty of the civil population refusing to take them (Roelofs). Nothing came of this interesting proposal, which was made by the great chemist John Roelofs, one of the Commissioners for the war and wounded himself. The circulation men, whom their captains refused to take back, were packed or housed one in the captured vessels (J. S. P. D. 1805-6, p. 22) thus preventing deserting and they were hardly if their captains should object and agree to admit them into their ships. As little hospital ships had seemed to operate by the end of October, it became necessary, in Dutch some contemporary opinion, for the removal of the sick from these ships that could not go into port. For this purpose various types of small craft were employed and at least on one occasion fireships took sick men from the fleet into Portsmouth (J. S. P. D. 1805-6, p. 24).

However, it evidently became obvious that things could not go on in this kind of a rough way. For on 22nd November 1805 Roelofs wrote to Papez that he had been told a hospital ship was absolutely necessary (Mörhagen, p. 90).

This letter must have had some effect, for although not a great deal was done, the *Lepid Antheus* and the *Joseph* were continued in use, but as usual the latter was in trouble. On the 15th February 1806 it was reported that two boats lost more than the 45 men for whom she was intended, and this could not be permitted without orders from the Board (J. S. P. D. 1805-6, p. 245). The matter was seriously settled, because a few days later authorities were produced showing that her accounts had been cleared at the Viceroyship Office, and that she was ready to sail (J. S. P. D. 1805-6, p. 257)—and that on the last six boats of her to a hospital ship. It would appear that the long got poor value for her money when her services saved the *Joseph*—she was almost as terrible and there is no evidence that she ever received any of the sick or wounded of the fleet.

On the other hand, the *Lepid Antheus* was again at work and accepted as another important engagement, for it is recorded that she brought in one hundred wounded after the battle of the North Foreland in the beginning of June 1806 (J. S. P. D. 1805-6, p. 438).

From this date onwards there appears to be a complete absence of reference to hospital ships. It is possible, of course, that there may have been but, but it is much more probable that the wounds themselves were paid off and that another system was adopted of evacuating casualties from the fleet. After the battle of the 15th July small vessels only were used to bring the wounded into port. The Dutch Police arrived at Yarmouth on the 26th July with 50 wounded men (*London Gazette* No. 74 26 50th July 1806). On the 26th a boat load of casualties came into Dover (J. S. P. D. 1805-6, p. 361), and on the 21st a sloop brought 17 more into Aldborough (J. S. P. D. 1805-6, p. 366). On the 1st August two batches took other wounded into Yarmouth (*London Gazette* No. 72, 1-6th August 1806) and so they go on, but there is never the slightest reference to a hospital ship. I think therefore that we must assume until further evidence becomes available that during the last year of the second Dutch War a change of policy followed—probably on the grounds of economy, that the hospital ships were discharged, and that the evacuation of

limbless from the chest was done by nasal respiration, which consumed the supplies in their destination as quickly as possible, but had no relation for treatment, such as was available in the hospital days of the period.

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Chinese Notes and Cases

A CASE OF "DOPE" POISONING

BY

Surgeon Lieutenant-Commander E. J. R. OGDONOR, R.N.

The following case of a fortunately rare type is submitted as an interesting case and frequently met with in naval circles. It is always liable to occur however in our stations dockyards and establishments where "dope" is used and is published to emphasize that the precautions laid down in Admiralty Fleet Order 3478/45 must be rigidly enforced.

CASE HISTORY.—The patient is a naval aviator aged 20 reported on 24th June 1946, complaining of dyspnoea and general stiffness. He was a keen swimmer, his blood pressure and pulse were normal.

Past history.—South Sea Islands and the rest of the world. No history of influenza or rheumatic fever.

He had been employed for some months as a diver and in the service and during January and May 1946 he had been granted leave with a mixture of pain and "dope" (between periods and intervals).

On examination: Temperature 98.4° F., pulse rate 80 per minute. Nothing abnormal was noted on the chest except a typical wheeze in the lower airways area, heard and the bronchovascular area. One of the nostrils revealed glands on the right side, very enlarged, but dense. Nothing abnormal was observed on the left side, but the tongue was hard. The urinary and excretory glands were, very enlarged. The abdominal organs and the glands were palpable, but they were not enlarged. The patient's appendix had been removed when he was 14 years old. General nervous system, from birth, normal. Strong response, no change, all abnormal detected. There was no evidence of his mother and the mother was normal.

acute anemia (hypochromic), a patient, the blood was made and centrifuged (1000 r.p.m.) and showed a normal hemoglobin content (15 gm. per 100 ml.) and normal sediment.

Examination of peripheral blood showed that the smear contained hypochromic, polychromatic, and poikilocytic elements of moderate amount of hypochromic forms.

These findings are unfavorable about the character of the anemia¹ and the patient was discharged.

Age	33 years
Color	Normal (pink shade 40)
Flexibility	Partial (mildly pinched and not bowed)
Flexity	Spine (normal) normal method or method (40°)
Arterio-venous pressure	in the condition of 40°

An unfavorable course of the patient's illness is that despite reports of work, but a transfusion and a transplantation of bone marrow with frequency improvements in the blood picture have occurred. The previous blood with 15 gm. per 100 ml. of blood that taken after three transfusions. The weekly transfusions of whole blood has hemoglobin has been raised to 15 or 16 gm per 100 ml.

The interests of blood giving up to 20th September 1946 had been increased to further days. By the end of August, 1946 his general condition was very good and he was feeling and feeling well and allowed up. On 14th and 15th Aug. and 16th Sept. 1946, the patient was hospitalized in severe anemia and the doctor in charge at that time advised me that the administration of 10 gr. of sulphur and 1 gr. of phosphorus by mouth given twice a day (later largely prevented this unpleasant report to the treatment) (14th Sept.)

The patient was discharged from hospital on 16th September 1946 and after a few days in the rest of the day 10th Sept. was again a very good man. He was sent back home by train, in the evening by airplane on 16th September. Arrangements were made for blood to be taken for a further examination at the hospital on that date and the result was as follows:

Hemoglobin	45 per cent
Red blood cells	2,400,000 per c.mm.
Color index	0.95

The patient was discharged from hospital by ambulance the following day to continue his treatment while blood transfusions by a Group O (N) donor on 20th September. Follow-up notes by the ward hospital read as follows:

The patient was admitted on 16th September 1946 with a diagnosis of systemic anemia. He was feeling very well and complained only of slight heartburn on exertion.

Examination of blood and abnormal detailed view examined, were led to blood counts.

Treatment: transfusions of whole blood weekly intervals. The patient is given rest and bed at intervals of 10 to 12 hours transfusions.

During November 1946 patient had a skin attack with signs suggesting a patch of erythematous at the base of the right leg. After transfusion on 10th December he went on further days and days on the 16th. He continued with periods of rest and alternating with intervals for further transfusions until March 1947 when he developed a skin condition and skin condition for which he was treated with penicillin. Also given constant support. He was again discharged to rest after transfusions on 2nd April 1947.

From the next October 1947 he had been having periods of heartburn days and heartburn with periods of heartburn. His blood counts and blood counts. The general condition remains unchanged. He has no complaints except for slight heartburn on exertion.

analysis. The average haematocrit value was 46.5, of a specimen of blood, the haematocrit examination of blood films.

Blood Counts and Transfusions

			Haematocrit per cent	Haemoglobin per cent	Leucocytes per mm.	Reticulocytes per cent
10-15	3 pints	5-10-40	35.00-38.00	14	1.44	0.000
14-15-16	1½ pints	27-10-40	31.00-38.00	14	1.4	0.000
17-18	2 pints	12-15-45	4.00-10.00	12	1	0.000
19-22-23	1½ pints	14-15-40	4.00-6.00	100	1.1	0.000
24-1-43	2 pints	15-1-43	4.00-6.00	65	1.47	0.000
24-1-43	1 pint	26-1-43	5.00-6.00	70	1.53	0.000
25-2-43	2 pints	12-2-43	4.00-6.00	70	0.08	
27-3-43	1½ pints	11-3-43	3.00-6.00	80	1.54	0.000
28-3-43	2 pints	2-4-43	4.00-6.00	60	1.1	0.000
29-4-43	1½ pints	7-4-43	5.00-6.00	70		
31-5-43	2 pints	23-5-43	4.00-6.00	50	0.44	
23-6-43	2 pints	20-6-43	4.00-6.00	60	0.33	
26-7-43	1½ pints	20-7-43	5.00-6.00	60	1.0	
28-8-43	1½ pints	6-8-43	4.10-6.00	60	1.02	
1-9-43	2 pints	6-9-43	5.00-6.00	70	1.04	
		23-9-43	5.00-6.00	65	1.15	0.000

* There is an evidence of regeneration according to laboratory reports.

Discussion

It has long been known that benzene poisoning is a cause of aplastic anaemia, the substance being toxic to the granular leucoblasts and thrombocyte blasts (Jensen and Perlmann 1944). An interesting point in the above exposure that this patient had with the terrible effects—an actual warning to all industrial users of benzene compounds.

A further point to note in all these cases is that, due to the severity of leucopenia the patient is unable to cope with infecting organisms. This patient sustained pneumonia but fortunately did not have too difficult a time in overcoming the infection although the treatment gave rise to some complications.

Acknowledgements

I wish to thank Surgeon Commander Gustavus R.N., for permission to publish this case. Dr. Hocking of the Royal General Infirmary, Tynes, for the pathological investigations and Surgeon Lieutenant Collins-Willis R.N., for the follow up notes and laboratory reports.

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A CASE OF PULMONARY TUBERCULOSIS PRESENTING AS A TOXIC CONFUSIONAL STATE

By

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Toxic confusional states are notoriously hard to analyze, and the following case illustrates the pitfalls which beset the clinician's path, making a toxic diagnosis exceedingly difficult at first, unless it can frequently be made only following prolonged observation.

Case history.—The patient is a Russian, about 34, who had served for two years in the Royal Navy, was a typical Latin of sturdy athletic build.

1935 (year 1935). He was admitted to the observation ward, 303, Military Hospital, Mada, because he had been, acting queerly and talking nonsense. He stated a week or two and that a man which he had on his neck was pressed by the moon, and on one occasion tore up his cap and threw pieces of it on the deck. Before that he had always been quite normal and his medical history stated was clear. His strange behavior resulted in a diagnosis of confusional state being made on his ship, and he was sent ashore for observation.

On admission it was noted that his general physical condition was good, and a full set of satisfactory physical examination showed no gross abnormality. He was apyrexial.

His mental condition was summarized as this way:

Affect.—Frustrated, making the patient. Looking in a state

of anxiety, fatigue and irritability.

Mood.—Frustrated and irascible. Daily as apyrexial but inclined to be suspicious.

Speech.—Normal but not extended. Inclined to be hostile. In general made words as "go" and "come" repeatedly and was sometimes incoherent.

Thought.—Disordered.

Insight.—Little.

Intel.—Apparently but fairly preserved, inclined to be hostile.

Orientation.—He was certainly spatially disoriented at times and thought he was working on a pulley.

Delusions.—Apart from his disorientation, no other false perceptions or beliefs were discovered. His contact with him was poor.

During the first week following admission his mental condition was unchanged, but his physical condition had seriously deteriorated. He was still apyrexial, but his weight had fallen from 175 to 160 lb., and a further physical examination on 1935 (four days) showed physical signs of the right apex. His X-ray taken shortly afterwards suggested tuberculosis infection in both lungs, and yet but hardly was found in his system.

Family history.—A reported examination of his psychiatric history revealed that he had contracted measles by hanging about a public house, between years ago. The patient was the youngest of six siblings, the rest of whom were alive, and healthy; his mother also was alive and well. His oldest married son had been, but she was reported in Mada, and her health seemed to be stable. After passing the review in July 1935, he appears to have taken his work and not to have been in any serious trouble.

On admission, the possibility that this condition was psychotic or schizophrenic was considered, but there were no typical features of either of these diseases, and when his lung tissue was discovered he was diagnosed as a toxic confusional state. In the absence

22nd March 1941. He was seen shortly before leaving hospital. He looked much sicker, plumper and well-dressed than on admission to professional clinic.

2nd October 1941. He was seen again and although rather dissatisfied with his past care, took to a few sleep-walks his routine and planning to go to England. In agreement to do so well.

DISCUSSION

It is clear that the patient's lack of knowledge of English, which proved to be a complete, greatly hampered understanding and therefore diagnosis. Had more attention been directed to his physical condition at the onset, rather than to his more spectacular mental symptoms, the full diagnosis might have been reached more quickly. This case shows that a careful recording of involuntary experiences can be of considerable value as a clue to the true nature of an illness. The usual hallucination of the clock moving backwards was particularly suggestive of a toxic, confusional state rather than of a schizophrenic illness. By the time he reached hospital his disorientation and emotional disturbance was too great to gain much co-operation from him, and so the content of his hallucination was not discussed until he was so well that it mattered little except to confirm diagnosis.

The absence of clinical indications of toxicity was remarkable in view of his apparent high metabolism, as shown by his rapid improvement and favour able progress, which has been maintained, so far. Differential diagnosis by history is a schizophrenic reaction with a relatively severe tuberculous infection, or a toxic, confusional state with little evidence of intoxication apart from his mental symptoms, which were not reported in sufficient detail to be of much assistance.

REMARKS

A toxic confusional state occurring in a case of pulmonary tuberculosis is described and the difficulties of diagnosis are discussed.

ACKNOWLEDGEMENT

We wish to thank the Medical Director General of the Navy and Surgeon Rear Admiral G. D. Broadfield C.B. C.B.E. R.N.R. Medical Officer-in-Charge, Royal Naval Hospital, Malta, for permission to publish this case.

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A CASE OF DELIRIUM TREMENS

An Account by a Patient

WITH AN INTRODUCTION BY

Surgeon Lieutenant-Commander C. G. HUNTER, R.N.

One sometimes sees the results of alcoholic excesses in the Service, but it is seldom that a patient can give a clear account of his own sensory experiences during such a state and, therefore, it is thought that the following report will

be of some interest to readers. The patient was admitted to hospital on 7th January, 1947. No organic disease was found in any system and he was discharged to duty on 14th January 1948.

Neural, alcoholic and sexual history, were without evidence of psychotic episodes. His "level of" the incident from October until New Year's Eve with a particularly heavy bout of drinking over Christmas.

His ship sailed from Hongkong on 2nd January, and he was observed to be acting strongly, on 3rd January. He was admitted to the sick bay on Monday, 6th January, and it is very doubtful if he had any contact with the persons mentioned in his story. He wrote that account on 8th January, the day after he reached R.N. Hospital, Bermuda, by air. In this period he hardly believed that the incidents did occur but when met and further thought, stated that it must have been "imagined". He accepted an explanation of alcoholic poisoning as being the cause of his behaviour.

Ten Province's Story

"As the bells leading up to my being sent to hospital are of a rather rambling and workward nature when amplified by word of mouth, I am endeavouring here to condense them into a coherent and readable whole.

"This paragraph is I think rather badly composed but when in conjunction with bells explained later must be substantially true. Some time before Christmas, 1947, the occurrence of a ship where the day was working under to the Japanese explaining that the ship intended to give a concert and social evening for the ship's company. The big event was to be a dance contest. The Devil or the Challenge, based on a "dance" being given the opportunity of putting up with the Devil or going to the audience. The ship asked the Captain to nominate someone for the contest (figure out) above all to keep everything very secret. They must also have asked his name and address of next of kin. My name was accordingly forwarded—without my knowledge of course. The Secretary must then have asked my medical officer left details of family, house, addresses, places of birth, etc. He must have explained her to society and asked her to co-operate. My medical officer did co-operate, as will be seen.

In due course, we were invited to the ship. I must say I think some interesting, could have been employed to get into this, if I had not attended going. The party was a great success and a great deal of money must have been spent on the dinner. All over the room were tiny metal snuffs and candles—a little candle burning everywhere. I discovered later that these were used so that the touch of a match would cause them to blow out or get this, was concentrating on me. I don't know, but during the course of the evening perhaps I would glance usually at us more as the well, as I looked away the contrast appeared to move, but second lights when I looked again, with a gasped away. The women, passed on so many of them, orange the with glass, I drink and salinity. I don't remember being asked to get to the ship, but they do not, although several people asked my name.

I returned on board between 1000 and midnight, and stood at—on sleeping a hammock but lying, as I was not just downed. I heard two people come into the room but did not open my eyes, assuming that were the ship's crew or watchmen. Middle afterwards I was fully awakened by sensations and movements on the deck and from a whispering also a twinkling sound as though, someone was, lightly breathing, stand over the deck. As soon as I got up in bed all was quiet. This happened many times and then, when I put my head back on the pillow, a whispering voice, strongly like my mother's, it seemed to me, came from the pillow itself, saying now my son. This is Mother, come home, dear son, home. By now I was getting phony and after sitting up about three times told the three things happening on board about the children,

I had a very strong impression made on the ballroom by the police and I continued to enjoy each time I looked at it. I decided I had had enough. I felt the same, however, as I passed it after the two whispering male voices and went to the doorway. But I could do now. I was there the same time looking at the wall with pleasure. I had thought you'd get over it. We're coming for you. So I found myself as glad as a child and returned to the room. The room was there when I walked and continued to be there and then I shook up, in my imagination and said: "Yes, I think I've got you. Come up to the room but with me." We went there and there the C.B.F.D. and I walked that, while my friend had been with us, in the meantime we have had been so careful of movements. I told the Chief I was leaving and seeing things that were not there and needed a very strong light to tell me to sleep or come. When a couple of questions he told me to leave as a house and while I did and he gave me two photographs taken before as I turned out the light and told me to go to sleep. Within a few minutes the room was there again, one in each one—except when I switched on the light. It was not following to the room. The room was now about 1950. This happened about an hour more later, so I continued the light on and changed for the C.B.F.D. and asked him for something to say to it, as things was still impossible. He gave me a few words and another photograph taken after which I lay back and went to sleep.

The next thing I remember is waking up in my own pajamas. I suppose I should have noticed that I had been in a first-class position. I at a large ball room with about 100 people, many in uniform and music. I was now in a fully equipped state, everything was very long and I could not remember faces, very well, but just the most lovely group what was going on. I was informed that I was a lieutenant and was in the middle and then the celebration commenced intended giving me a beautiful display like in the film. The only way of avoiding this was by getting up with the Chief's Own or some more name in which they all believe it. Then, then proceeded to show me the details except for these people. A band composed of young girls was playing music and a few couples dancing. My relations were brought to me because one by one had introduced each enjoying me to other my friend, but you know—this is what seems to me in the room here in my imagination as was that I was the only member of the family and a Cheryl's Own. The staff took for this particular gathering must have been excellent. My relations all cried and spoke as they would have done in real life. I remembered them all, and they were certainly a pleasure. That night again the family could have known. My mother must have needed particularly to supply information. I was then member that almost the second half of the history of the proceedings. After that I was wheeled out to a room where a company of other girls performed to the accompaniment of the band. Finally I was wheeled into a comfortable back building (from whence many hours, guests arrived and in leaving, then I was told, was the theatre where in which I should be put the next day if I did not pass my test with the David's Own.

After waking through the door I find that there are arrangements in the hotel and room. Waking back I find that I am in the hotel room and now I am in a superior room. I remember now that the night in which I went to the ball was one of the best of the party but the one before. He was a little the same they might have been away in part. The same thing had been put on in my memory and I remember, by the shape of it. The thought I heard must have been from the same things. When I thought the back to me was that thinking was the only thing I had. I told the man how to get away from the room I spent the morning with. A waiter came for my newspaper. It suddenly changed on me then, at that time there were two ladies waiting and I felt much better—no more thinking, but back to it. At the time the day was in the room because the. However, as they called the match were trying to avoid each other.

Returning to the night of the party. There was some people and some, the. Someone who had been the ball and speak on how interesting my—giving children as they can come together. So in my bed, looking a bottle of beer or some other to my own and taking me into a place and to me. After that I was again hypnotized—the time I do not need someone making present as from my eye. Then

to hear it on a cassette tape. I listened to the whole lot, all that day and evening, with the driving rain. It is a sample of British folk songs, when I collected my mind and pushed (further) down my throat. I believe I said the Modern Folk I pushed my bag on "Wednesday morning" which was incorrect. I finished and I named it again, and called "2345" had a 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823

[illegible]

At approximately 10:00 a.m. on 11/29/89, the medical and health care people had failed to provide psychological treatment of asking thought-disordered questions. Before this happened the staffs' business. It is thought at first that was a problem that he was not treated by the medical staff. But on 11/29/89 it began to rise sharply into a special, spontaneous person. When on the report of the medical staff. When in the month of the Order. He ... I begin to think of this past, now there was not the necessary, rather like the people of the past. But I think I will study up. I have not seen, of the month of November, there is a problem of the ... The respondents were in a few and one on the staff. And OSHA, where I managed to

1. *Journal of Management Studies*, 1997, 34, 1, 1-14.

On coming through the screen, I find that I have gone rather wrong. On the occasion of my first visit to the club here, I remember that even after three glasses of wine, tablets and a brandy I found unaccountably, only one-fifth when I went down to the boiler room. Another very peculiar fact about this is that in the boiler room, during that evening visit, four of the women speaking to me in friendly tones, seemed to belong to friends of mine in Brazil!

In the language version, I have tried to be as accurate as possible (in events of words) to better characterise everything within each of their files. There is some trouble to show how you can use the word.

FRIDAY NIGHT SCIENTIFIC SHOW

[illegible]

A good example of this rare and interesting suspended severity was recently brought to light during the review biographical examination of Royal Navy Vice Admiral

During the examination of a strip of 35 mm film, my attention was drawn to the cardiac shadow in this case when it was seen that the normal aortic knuckle appeared to be absent and there was an unusual shadow in the right of the sternum. The individual concerned was recalled for further investigation, when a routine postero-anterior radiograph was taken and aortic dilatation with a lumbar bulge was performed. These pictures gave the characteristic features of persistent right aortic arch.

Clinical examination was negative—he was a healthy youth of 18½ of unusually good physique.

DISCUSSION

In the development of the cardiovascular system six pairs of arteries connect the paired dorsal aorta but are not all present at the same time:

Emb.	Dorsal Artery or two Arteries	
	Right	Left
1st	Truncus	
2nd	Septal artery	
3rd	Common carotid artery	
4th	(1) Intercostal artery (2) Right subclavian artery	(1) Aorta arch (2) Origin of left subclavian artery
5th	Ductus arteriosus	
6th	(1) Pulmonary arteries (2) Ductus arteriosus	

In this condition we are concerned with the fourth aortic arch which normally on the right side gives origin to the intercostal artery and the commencement of the right subclavian artery and on the left it forms (1) the adult aortic arch between the origins of the left common carotid artery and the end of the ductus arteriosus and (2) the origin of the left subclavian artery.

In the case of closure of the fourth left arch, the condition of circulation results unless the corresponding right arch persists—when the ductus arteriosus and the fourth right aortic arch remain patent thus forming the whole aortic arch—an adequate blood supply to the lower part of the body is retained and the related manifestations of the condition are not seen—on such cases, the fourth left aortic arch is represented by the left subclavian artery.

RADIATION

The classical X-ray appearances are:

(1) A shadow in the right of the sternum directed towards the right sternoclavicular joint.

(2) Absence of the normal aortic knuckle.

(3) Presence of a retro-mediastinal aortic knob.

(4) Displacement by (3) of the mediastinum and trachea to the left.

These features are clearly seen in figs. 1 and 2 and are self-explanatory.



Contents

THESE 200 pages (including index) contain the material of 1000 pages of ordinary text. The 200 pages contain diagrams, photographs, tables, and other material. The text is in a very clear, easy-to-read style. The diagrams and photographs are of high quality. The tables are well laid out. The index is very helpful. The book is a very good value for the money. It is a must-have for anyone interested in the subject.

Reviews

Chemical Reaction By J. C. Kinsburgh M.D. F.R.C.P. Cambridge, Massachusetts: Harvard University Press, 1964. 194 pp. 10s. 6d. (hbk) 15s. 6d. (pbk). London: H. K. Lewis, 1964. 194 pp. 10s. 6d. (hbk) 15s. 6d. (pbk).

A new edition of Kinsburgh's *Chemical Reaction* is always welcome. One year later it is up to the standard of the first edition, but the new edition is on the same high level of production as the first. Compared with the second edition of 1961, it is a substantial improvement. It is a book to read, not just to look at. The new edition is a book to read, not just to look at. The new edition is a book to read, not just to look at.

The new edition recognizes the worth of the book and supplies it to the student. It is a book to read, not just to look at. It is a book to read, not just to look at. It is a book to read, not just to look at.

Chemical Reaction By J. C. Kinsburgh M.D. F.R.C.P. Cambridge, Massachusetts: Harvard University Press, 1964. 194 pp. 10s. 6d. (hbk) 15s. 6d. (pbk). London: H. K. Lewis, 1964. 194 pp. 10s. 6d. (hbk) 15s. 6d. (pbk).

In the short time which has elapsed since the previous edition this work has been subjected to radical revision. The new edition is a book to read, not just to look at. It is a book to read, not just to look at. It is a book to read, not just to look at.

The personal contributions of past volumes is kept well to the fore in the student's mind by the inclusion of an almost overwhelming number of names in the text. Many of these names are of interest to the student. The new edition is a book to read, not just to look at. It is a book to read, not just to look at. It is a book to read, not just to look at.

The original edition given is a book to read, not just to look at. It is a book to read, not just to look at. It is a book to read, not just to look at.

These few points do not mean any more than that the book is a very good value for the money. It is a book to read, not just to look at. It is a book to read, not just to look at. It is a book to read, not just to look at.

Surgery of the Stomach By H. C. Kinsburgh M.D. F.R.C.P. Cambridge, Massachusetts: Harvard University Press, 1964. 194 pp. 10s. 6d. (hbk) 15s. 6d. (pbk). London: H. K. Lewis, 1964. 194 pp. 10s. 6d. (hbk) 15s. 6d. (pbk).

The new edition of Kinsburgh's *Surgery of the Stomach* is a book to read, not just to look at. It is a book to read, not just to look at. It is a book to read, not just to look at.

Home of the Service

CHRISTMAS, 1947

Y AND DANCE R.N. HOSPITAL HASLAR

The Y A D Committee R.N. Hospital Haslar and her capable assistants were in charge of the evening's successful attempt to merge from the gloom of winter's twilight into a festively-dressed ball upon which no one was less, despite all the obstacles that clothing changes, shortages and emergency ration allocations could place in their path.

The ball was held in the Y A D Quarters on 24th December, 1947, and took the place of one of the usual very popular guest nights which are held each month. Those present at the function included the Medical Officer in Charge and the J A D Officer, Principal Steward and representatives of the Medical and Nursing Sisters' Messes.

Contributors to the festively-dressed competition displayed considerable ingenuity and a very wide range of costumes, many of which notable for their simplicity of design and choice of material, testified to the craftsmanship and goodwill of all who took part. Impromptu was the keynote of the festively-dressed parade and the adjudicators found them task a very difficult one. Approximately 200 people took part in the parade but, despite material shortages, scarcely two contestants were noticeably puffed.

Hostess who attended the event will probably recall several noteworthy and distinctive dances. It is regretted that space does not permit of a detailed description of them all, but those who considered themselves among the prize winners certainly deserve special mention and reference must be made to "White Night" the waltz, "Quality Street" the remarkable jive, "bebebebe" (Lemon Meringue, effect produced by a local North Atlantic path subsequent song and dance), the expertly guided waltz, the dance with gypsy music "Tutu" the gal, "Milkshake" and the top "Y A D". Lastly, those truly delightful specimens of the newly created "gipsy" species.

CIVIL WARD R.N. HOSPITAL HASLAR

In the ward (closed patients, others absent) on Christmas Day rounds we were greeted by the good wishes of the patients, concentrated on the viewing box.

"A Pleasant Christmas and an A.P. New Year."

ADMIRALTY FLEET ORDERS

1948—Periodical Special Examination of Officers R.N. and R.M.

(N.D. 24/11/47—18-15-1 1947)

The annual medical examination of officers R.N. and R.M. (excluding M.D. & S. Officers and serving sailors) continued in accordance with A.D. 2264/11 to include a consultation by a dental officer.

[illegible]

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and the second is the fact that the model is not a good fit to the data. The model is not a good fit to the data because the model is not a good fit to the data.

1000

- (c) The value of α is 100.

[illegible]

If the necessary material should not be available in full, an effort is given to the best material in the laboratory for making that element as nearly as possible.

They are maintained in one building in which they are in good maintenance. pictures of them mounted are on the wall in the room of the High School. The arrangements are in the main done between the Council of the R. N. Howard and the High School Board. Several Churches.

It is monthly report to be forwarded to the following governing authorities of all men developed on the members of the Community Officers under the Code. In the case of any man developed under paragraph 1 (b) it will be a first substantial report, giving details of the disability and signed by the members of the medical board in which it is included.

3. When discharged under paragraph 1 above and not when ages have been submitted to the *tribunale* for dismissal, it is not to be taken up. On discharge they are to be paid up to date but an entrance of pay is to be allowed for the day to be allowed when discharge occurs.

⁴ Both challenges for medical deficits demand a change in each all-encompassing view that have been linked up, or perhaps, linked up. More often than not, differences in the opinions of the Conservative Coalition are necessary, to enable them to go beyond doctrinal demands and act not to remove place of their patients' but in their way, to be understood as the same individuals with a freedom.

3. When one or more individuals during their preadult life history do whose actions are distributed either not with or from all others, we (a) distinguish forward by one or more, who are revealed being changed in the adult state, their late being death, with its consequences with 3, 4, 5, and 6, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 82

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method of general hygiene within the establishment, relations with external medical services, medical aspects of A.B.F. regulations and education of personnel in matters of health.

- (13) Examination of all new entrants other than those already examined under arrangements made by the Ministry of Labour.
- (14) Examination of new entrants to the land staff transfer to establishments for 12 months by a corps of 30 and in connection with claims for compensation for injury involving the report on Form 15-22.
- (15) Examination of personnel for transfer to other parts or establishments.
- (16) Supervision, as of 1st July and application of Special 11 regulations in relation to duty different sections.
- (17) Control examination of work engaged in land personnel and other groups in order to see, with of injury if possible, is imposed by statutory regulations or military instructions, going in order to such examinations, are carried out by the command, command appointed under the Ministry, State.
- (18) Medical examinations and examinations of personnel appointed for duty, physical and other functions.
- (19) To keep established records of the work as required by statutory regulations or Admiralty instructions.

2. Reorganisation will be made as from 1st July 1947 on the undermentioned scale, according to the numbers of personnel employed at the establishment (a) —

For numbers from	Per annum		
	A	B	C
100 to 170	27	10	0
171 to 220	30	0	0
221 to 320	112	10	0
Add for each additional 50 or part thereof up to			
1 000	30	10	0
1 001 to 1 500	450	0	0
1 501 to 2 000	550	0	0
2 001 to 3 000	750	0	0
3 001 to 4 000	850	0	0
Over 4 000	900	0	0

3. Payment will be made of 4 shillings to 6 shillings by the Director of Navy Accounts and commencing with the quarter ending 30th September 1947, officers on charge of establishments concerned are to forward to the Director of Navy Accounts (Branch 6) as soon as practicable after the last day of each quarter, a statement showing the average number employed under the rates from which they are paid, of medical staff of all grades based on the books of the establishment during the preceding quarter. This return should not include personnel who although based on the books of the establishment are working on detached duty or circumstances under which the medical officer is not responsible, by Royal or Naval Medical Police. For attendance on Royal Naval Police, the medical officer should be instructed to pay for them under R 75.

4. In 1947 in which period, the return has been made locally by establishments, particulars of payments made on report of the quarter ended 30th September 1947 are to be forwarded hitherto to Director of Navy Accounts (Branch 6) by whom the necessary adjustments on the operations of the year have been, 1st July 1947 will be made.

(S.P.O. 5000) is cancelled.

1946 — Reorganised Dental Office
(S.P.O. 1775) — 1st Oct. 1947.

The printing and distribution of undermentioned forms referred to in A.B.F. 324/37 will not be required until January 1948 and copies should not be demanded from the Director until then.

(S.P.O. 5000) is cancelled.

1947.—Workshops of the Bureau of Industrial Hygiene

(L. 13645-17—2 Jan. 1947)

It is the usual practice that workshop at Advisory establishments are started with 10000, but when there is a realizable prospect of recovery and return to duty.

It is suggested however in view of the national nature of industrial hygiene (and the activities of professional tuberculosis) (see A.P.H. 466/46) that this regulation should be applied in any way to the case of workpeople who are found to be suffering from tuberculosis and are required to be absent from duty in order to obtain the necessary treatment.

It should be evident from the initial medical report that there is little prospect of an individual workman's recovery and return to duty, for a very long time, the man should be kept on the books of the establishment and passed each leave as absences with the payment of Home Sick Pay (see Statutory Article 33). In the case of a third workman dealt with under the last-mentioned paragraph of that Article arrangements should be made for his discharge only at the end of a period of absence which can be regarded as not permanent, as T.B. cases are still not possible for the medical officer concerned to have any opinion that there is a prospect of the man's recovery, and only return to duty for such a case, the man must be kept on the books as usual for compensation for employment when he is entitled to be on leave duty subject to there being a suitable vacancy at the time, and he should be advised of the fact when notice of discharge is given.

4. Details of all cases of professional tuberculosis, whether diagnosed as a result of a man's employment test or not, are to be reported to the authority for medical assistance to the Treasury Medical Inspector. The following procedure should be followed:—

- (a) As soon as an industrial employee is certified to be suffering from this disease he should be sent to Form T 304, with a request that he should leave the employment by his or his doctor's latest tuberculosis advice in connection with his return to duty as appropriate. On return, the Form is to be forwarded together with a copy of his certificate issued in Form T 303 to the Secretary of the authority (Labour Inspector).

- (b) Further copy of the certificate issued in Form T 303 should be obtained in Form E 238 and forwarded as above.

- (c) When completion of duty is anticipated, and before this takes place a report should be obtained in Form E 236 and forwarded as above.

(L.P. 17 2642/46)

1948.—(H.40) of Tuberculosis for Naval Aircrew Personnel

(H. 40-1 2475/48—14 Jan. 1947)

Paragraphs 3 of M.R. and A.I. Article 133 and 3a, 3c, and A.I. Article 133a have been cancelled by the instructions contained in A.P.H. 464/47.

(L.P. 17 2642/47)

1951.—Concussion Against Headlights—Instructions of Multiple Exposure Method

(H. 40-1 2475/51—14 Jan. 1947)

The immediate object of concussion in its various various cases and the object of the 1951 case is to ensure that the best place must easily. The best method of doing this is the multiple exposure technique which has several advantages over other methods, e.g. it is almost completely portable, requires no special machinery, is in fact ready to be connected with suitable camera-based machines in rapid construction and various higher proportions of "taken". As soon as the duty of range of the field the multiple exposure method of exposure, as described below, is to be adopted.

a. Preparation of the slide.—The slide to be exposed should be well cleaned with soap and water and made to thoroughly dry before the light is applied. The test may be conducted easily with slides (see 120) should be taken care to not so vigorously as to damage the specimens and their containers, the development of secondary visual effects, and upon slides or other agents should not be applied.

1. *Preparation of needles*—primary vaccination. A single loop of 10-15% length needle, an accurate measurement of an inch or less may be used on the skin at the prepared site usually by the holder of the 2-4-6-8-12 concept. A flat-sided needle—single fluted—needle should be used. The needle loops are so good needles—sharp and short. A new needle is required for the first with the keyhole and needle loop about 1/16 of an inch thick. The side of the needle, point is then pressed firmly and quickly into the skin. The needle is a needle, taking about two seconds. The needle is pressed in, with single loop making the needle point several inches in the vaccination hole. The needle is then withdrawn and the point is then making the primary needle. The needle is held in the skin each loop. Double needles may be obtained from the nearest U.S. post, 4 Dept.

The needle is pulled down to the skin and the needle is in a plane perpendicular to the skin. The needle point is not drawn into the skin but at each puncture, the thickness of the skin pulls a little of the epidermis into the point of the needle so that the vaccine forming lymph is carried into the designated need to point. If the skin has not been and dyed with a preliminary cleaning procedure and the needle has been properly cleaned on point or bleeding should occur.

As soon as the procedure have been completed the vaccine lymph should be wiped off gently with cotton wool. The vaccination being allowed to dry.

4. Use of a diagram.—The immediate appearance of a diagram is unnecessary. At the time of subsequent vaccine treatment a point of white paper may be placed over the lesion of vaccinated individual.

5. Method of vaccination—(a) First vaccination after injury should be done by means of a single insertion about one eighth of an inch or less. If there is a definite area of primary vaccination thirty punctures are to be employed in making this insertion. If there is no evidence of primary vaccination the procedure only need be employed.

(b) Reaction to vaccination is to be done by a single insertion with thirty punctures. If there is no vaccine formation a further attempt with thirty punctures is to be made immediately.

(c) When a vaccination or vaccination on the premise of an epidemic of white pneumonia or measles, there should be at least two separate areas of insertion with thirty punctures each.

(d) Primary vaccination of children—a single insertion by the needle pointers technique using thirty punctures should be employed as young children are less prone to react than adults. The first age for vaccination is a living child is from three to four months.

6. Recording of results.—A record making of the results of vaccination depends both on the period of time observation in which the maximum local reaction occurs and on the degree of reaction. Maximum reaction may occur any time within 4-10 days after vaccination. At least two responses should be recorded on the first visit 4-10 days and the second on the sixth day the later to assess the results which is to be recorded as follows:—

(a) When vaccine formation is absent a second attempt should be made. If a reaction is observed or should be observed as "Inoculability in vaccination" (ITV).

Note.—The inoculability should not be considered a final inhibiting interpretation. Such persons are to be re-vaccinated at the next intervals required for those who have been successfully vaccinated.

(b) When vaccine formation is present—

(i) When vaccine formation is moderate and it failed to have reacted in passed its maximum on the time of inspection (on the sixth day) it should be recorded as "Attenuated reaction" (Attenuated).

(ii) When vaccine formation is more marked than (i) and it still developing it should be recorded as "Typical primary reaction."

10. Yellow fever inoculations can be carried out at the named establishments mentioned in paragraph 9 and also at the following establishments:—

Western Research Institute, 161-170 Strand, Road, London, W.C.1.

(All applications for the Yellow fever vaccine, to be made through the President Academy Medical Board, Queen Anne's Mansions, St. James's Park, London, S.W.1. Tel. 976. 5444 Post 874.)

Agency of Health and Department of Health for Scotland centres:—

				<i>Ref. No.</i>	<i>Times</i>
Newcastle	Regional Blood Transfusion Centre 74 Jesmond Road Newcastle-on-Tyne 2			2963	1-3 p.m.
Leeds	Regional Blood Transfusion Centre Westwood Park, Galley			2959	Tuesday 1-3 p.m.
Oxford	Regional Blood Transfusion Centre Churchill Hospital, Headington, Oxford			2934	Wednesday 1-3 p.m.
Perth	Regional Blood Transfusion Centre Southdown Hospital, Perth			2945	Thursday 1-3 p.m.
Cardiff	Regional Blood Transfusion Centre 18 Newport Road, Cardiff			2936	Monday 2-5 p.m.
Blackburn	Regional Blood Transfusion Centre Blackburn Royal Infirmary, Oxford Road, Blackburn			2932	Friday 1-3 p.m.
Birmingham	Regional Blood Transfusion Centre 17 Mayfield Road, Birmingham			2933	Thursday 1-3 p.m.
Plymouth	Regional Blood Transfusion Unit, Central City General Hospital, Plymouth			2928	Not yet fixed
Southampton	Paediatric Department, Royal South Coast and Southampton Hospital, Victoria Street, Southampton			2921	Monday 2-5 p.m.
Edinburgh	Bacteriological Department, Edinburgh Royal Infirmary, Lauriston Place, Edinburgh 2 (Dr. W. H. Lewis, Superintendent in Charge.)			2924	Monday and Wednesday 2-5 p.m.
Glasgow	Public Health Clinic 25, Cathcart Street, Glasgow, C.1.			2935	Friday 2-5 p.m.
Aberdeen	City Hospital Laboratory, City Hospital, Topham Road, Aberdeen			2937	Thursday 2 p.m. or by post as arranged
Western Island, Belfast	Quarantine Station, Belfast, Emergency Hospital, Victoria Park, Belfast			2938	

At least one day's notice, preferably in writing, should be given to these centres before attending for inoculation.

- (a) The Commission will complete the full period of two years as a result of providing for payment due on their own default will be paid with the gratuation on a permanent basis.
- (b) Officers reported well be transferred to the Royal Navy but will be allowed to remain in shore R.N.R. service for purposes of pay and promotion. They will also be eligible for an increase of seniority in respect of well hospital time up to a maximum of 12 months with effect from the date of the commencement of the short service engagement.
- (c) Officers leaving the Service on the expiration of the short service engagement will be placed on an emergency list and will be liable for service on war or emergency during the subsequent two years.
- (d) The time of the commencement of the short service will be at Admiralty discretion and will normally be the date of acceptance of the application.
4. Applications are invited from R.N.R. medical and dental officers with over ten months service. Each application should be forwarded with the recommendation of the Commanding Officer together with a medical certificate that the applicant is medically fit for naval service.
5. Attention is drawn to the fact that such officers will be eligible for transfer to the permanent list of R.N. medical or dental officers at any time during the period of the short service engagement. Officers who transfer to the permanent list will not be eligible for a short service gratuity, but on retirement or withdrawal will become entitled to retired pay or gratuity on the same permanent officers.

(A.P.O. 2422/49 and 2423/49)

(A.P.O. 4237/42 and 4177/42 are cancelled)

4000 Additional Regulations for Short-Service Officers

Emergency Working Hours and Paid Red Pay

(P. 3000-47-49 from 1947)

A.P.O. 3492-47 is to be amended to read as follows:—

Paragraph 14 (b)

Self-service (c) Details of contribution

Details will now be (d) and sub-items as follows:—

- | | | | | |
|--|--------------------------|------------|---------------|------------|
| (a) Ships of the following classes or categories:— | | | | |
| (1) Battleships | Vanguards | and | King George V | |
| (2) Cruisers | Destroyers | Destroyer | Flotilla | Destroyers |
| | "Upgrades" | and | "Bait" | |
| (3) Assault Craft | | | | |
| (4) Fleet Destroyers | Destroyer | Vanguards | and | Flotilla |
| | in "Green" class | | | |
| (5) Frigates | Destroyer | Black Swan | Bay" | Dark and |
| | Drive | Class | | |
| (6) Depot Ships | Destroyers and Submarine | | | |
| (7) Medical ships | | | | |
| (8) Surveying vessels | | | | |

The scheme is to be prepared by Commanding Officers covering limited living expenses and additional travel allowances as necessary provided that Naval Stores are not in excess of the present allowances given in the Establishment of Naval Stores. Work should be for as possible be carried out by "ship-steps". Where details of work is necessary to meet requirements. Forms 1002 are to be forwarded to Commanding Officer A.P.O. 4024/47 (para 1/2) for giving details of the proposed work to be undertaken. Such work is to be kept in accordance and if fully approved the application will be to C. Jones and sub-items (a) as follows:—

- (a) Emergency Ships—The principles should be followed as far as possible, but work is to be covered to that which can be carried out by ship-steps.

(A.P.O. 310-47 and 1177-47)

4174.—Prison North Eastern District (Mental) Medal 1945 for Papers on Tropical Psychiatry

(M.D.C. 3545/43)—26 Nov. 1947

The North Eastern District (Mental) Medal is awarded annually for the best paper published in any journal on tropical medicine or hygiene. Medical officers of under twelve years' service in the North Eastern District (Mental) Corps, Royal Air Force (Mental) District Service or Colonial Medical Service are eligible to compete.

A medical officer desiring to compete should forward to the Medical Director General not later than 31st March 1948, three papers, which have been published in the subject during the year ending 31st December 1947.

(M.D.C. 3545/43 is cancelled)

4175.—General Application Forms—Mental Hospitals

(M.D.C. 3545/43)—26 Nov. 1947

A full printed version of General Application Forms is no longer required.

1. Form M 350 (Form of General Application Form) is to be completed on the 1st 5-inch sheet as indicated, and on the side where writing is denied a physician's certificate is required.

(M.D.C. 3545/43)

4176.—General Emergency Hospital—Admission of Psychiatric Cases

(M.D.C. 3545/43)—5 Dec. 1947

Application for admission of cases of all kinds to such psychiatric wards among Royal Naval ratings and R.N. other ranks may be made to the Medical Superintendent of the Eastern Emergency Hospital, Hopton Road Station, Jersey. Telephone: Hopton 6094.

2. Such cases must not be drunk or any way so minded, and a psychiatric report on the case must first be sent to the Medical Superintendent, in the denial of the patient's consent.

(M.D.C. 3545/43 is cancelled)

4177.—Emergency Hospital—General Instructions on Discharge—Form M 10

(M.D.C. 3545/43)—5 Dec. 1947

Attention is drawn to the 1947 edition of the General Instructions (M. 120) (1) (2) paragraph 62, regarding the place of final medical examination.

The first two questions of officers and ratings are disposed of by the instructions on the individual's discharge card and are to be signed by the medical officer in charge.

(M.D. 3545/43)

4178.—General Hospital, Royal and Auxiliary Forces—M 26

(M.D.C. 3545/43)—19 Dec. 1947

There have been frequent instances in recent years of ratings complaining of ill health being allowed to seek private medical treatment and to continue their treatment on receipt of the emergency certificate issued by R.N. A 1.1. Article 2449.

1. This practice has resulted in ratings being made out of the Admiralty for payment, in whole or in part, of the expenses incurred. Although plainly contrary to Regulations it has been found responsible to cancel all such claims because the individual has been allowed to receive medical treatment without being treated in his own establishment, for the rating is not then his own property but is the property of the Admiralty on the rating's behalf. Therefore without a full explanation and full and complete record of the rating's case.

2. Steps are to be taken to ensure that medical treatment of ratings who are directed to seek private medical treatment will be an absolute necessity and that no rating is allowed to leave the establishment and to seek private medical treatment without a full explanation and full and complete record of the rating's case.

3. If a rating is allowed to leave the establishment for private medical treatment, the rating is to be treated as a rating who has been discharged from the establishment and is to be treated as a rating who has been discharged from the establishment.

4. The use of Form M 26 as issued is to be continued.

OBITUARY

Wm. J. (1917) report the following births and deaths: *Deaths.* Surgeon Wm. Adward McFORD, M.D. (1871-1941) died in Philadelphia, Pa. 1941. Born in 1871 he entered the Royal Army Medical Corps in 1890. Promoted to Staff Surgeon in 1896, and to First Surgeon in 1900. He became Deputy Inspector-General in India and Surgeon-General in 1904. He was a Member of the Medical Department from 1890 to 1904, and was a member of the Medical Director-General from 1904 to 1908. He served as the Medical Officer in Charge of the Hospital, Madras, from 1908 to 1914. He was awarded the D.S.O. in 1914, and the R.C.M.G. on 1st January 1915 in recognition of his services during the First World War.

Surgeon Captain T. G. GORDON, R.N. (1861) died at Haddington, N. Hants. on 1st Nov. 1941. Born in November 1861 he qualified in 1886 and served in the Medical Service as a Surgeon in 1890. He was promoted to Surgeon Lieutenant-Commander in 1914, and to Surgeon Commander in March 1918. Surgeon Captain Gordon was placed on the Reserve List (provisionally) on 1st July 1928.

Surgeon Captain R. H. GORDON, R.N. (1861) died on 11th November 1941 at Haddington, N. Hants. Born in 1861 he qualified in 1886 and entered the Medical Service as a Surgeon in the same year. He was promoted to Surgeon Lieutenant-Commander in 1914 and to Surgeon Commander in 1918. Surgeon Captain Gordon was placed on the Reserve List (provisionally) on 1st July 1928.

At College he was a first class player and played for the University. At Haddington he was well known for his services. He was a member of the Haddington Football Club and was a member of the Haddington Football Club. He was a member of the Haddington Football Club and was a member of the Haddington Football Club.

Surgeon Captain A. I. SHELLCOCK, R.N. (1861) died on 18th December 1941 at Haddington, N. Hants. Born in 1861 he qualified in 1886 and entered the Medical Service as a Surgeon in the same year. He was promoted to Staff Surgeon in 1890, and to Surgeon Lieutenant in 1914. He was placed on the Reserve List in 1928. During the First World War Surgeon Captain Shellcock served on the Home and War Medical Services.

Surgeon Captain J. M. GORDON, R.N. (1861) died on 18th December 1941 at Haddington, N. Hants. Born in 1861 he qualified in 1886 and entered the Medical Service as a Surgeon in 1894. He was promoted to Surgeon Lieutenant-Commander in 1914 and to Surgeon Commander in 1918. Surgeon Captain Gordon was placed on the Reserve List in 1928 and was notified in the Service during the war when he served with the R.N. Board at Haddington. At the time of his death he was T.D.S.O. Newcastle.

DECEASED

Diploma in Anæsthesia

Surgeon Lieutenant-Commander A. C. GORDON, R.N.

TRANSFERS TO THE PERMANENT LIST

Surgeon Lieutenant C. G. Wells transferred to the Permanent List 1st October 1941

Surgeon Lieutenant (T) E. G. GORDON transferred to the Permanent List 1st October 1941

Surgeon Lieutenant T. E. GORDON transferred to the Permanent List 1st October 1941

Temporary Surgeon Lieutenant (T) E. E. E. GORDON transferred to the Permanent List 1st October 1941

TRANSFERS TO SHORT SERVICE COMMISSIONS

Acting Surgeon Lieutenant W. I. M. DOWNS R.N.V.R., transferred to a Short Service Commission, 26th October 1942

Temporary Surgeon Lieutenant T. A. G. FALKNER R.N.V.R. transferred to a Short Service Commission, 19th November 1941

Surgeon Lieutenant-Commander E. D. MUIR R.N.V.R. transferred to a Short Service Commission, 14th November 1942

Temporary Surgeon Lieutenant G. R. WATSON R.N.V.R., transferred to a Short Service Commission, 1st December 1942

Surgeon Lieutenant-Commander (R) A. B. BROWN R.N.V.R., transferred to a Short Service Commission, 12th December 1942

PROMOTIONS

Surgeon Captain L. F. SARGENT promoted to Surgeon Rear Admiral, 14th December, 1941

Surgeon Lieutenant-Commander (R) F. A. FRANKS promoted to Surgeon Commander (R), 1st September 1942

Surgeon Lieutenant-Commander F. W. BAKERWELL promoted to Acting Internist Surgeon Commander, 19th October 1941

Surgeon Lieutenant-Commander C. J. F. PRINCE promoted to Acting Internist Surgeon Commander, 10th October 1942

Surgeon Lieutenant-Commander J. C. MACDONALD promoted to Acting Internist Surgeon Commander, 10th October 1942

Surgeon Lieutenant-Commander W. M. C. H. HARRISON promoted to Acting Internist Surgeon Commander, 14th October, 1942

Surgeon Lieutenant-Commander F. G. BURGESS promoted to Acting Internist Surgeon Commander, 10th October 1942

Surgeon Lieutenant (R) W. E. A. WILSON promoted to Acting Internist Surgeon Lieutenant-Commander (R), 17th October 1941

Surgeon Lieutenant-Commander E. H. HARRISON promoted to Acting Internist Surgeon Commander, 3rd December 1942

Surgeon Lieutenant-Commander W. S. HUGHES promoted to Acting Internist Surgeon Commander, 13th December 1941

Surgeon Commander E. G. WILSON promoted to Surgeon Captain, 14th December 1941

Surgeon Commander E. H. PHILLIPS promoted to Surgeon Captain, 21st December 1942

Surgeon Commander R. G. ANDREWS promoted to Surgeon Captain, 13th December 1942

Surgeon Commander (R) P. E. F. WILKINS O.B.E. promoted to Surgeon-Captain (R), 24th December 1942

Surgeon Lieutenant-Commander (R) H. E. DILL promoted to Surgeon Commander (R), 22nd December 1942

Surgeon Lieutenant-Commander F. J. GOLDENBERRY promoted to Surgeon Commander (R), 22nd December 1941

Surgeon Lieutenant-Commander J. G. DENNIS promoted to Surgeon Commander (R), 14th December 1942

Surgeon Senior Staff-Commander W. G. FRANKS promoted to Surgeon Commander (R), 14th December 1942

Surgeon Senior Staff-Commander T. P. ELLIS O.B.E. promoted to Acting Internist Surgeon Commander, 12th January 1943

Surgeon Lieutenant-Commander C. H. E. R. COOPER promoted to Acting Internist Surgeon Commander, 4th January 1943

Surgeon Lieutenant E. N. MARSHALL promoted to Acting Internist Surgeon Lieutenant-Commander, 10th January 1943

RETIREMENTS

Surgeon Captain A. M. Glavin M.D. placed on the Retired List (age) and discharged 1925 4th October 1940

Surgeon Captain (Med.) R. J. Innes reverted to the Retired List (probable age) 1925 January 1940

Surgeon Rear Admiral A. T. Nash M.D. R.N.P. placed on the Retired List and retired 1925 February 1940

Surgeon Captain A. W. Woods M.D. placed on the Retired List (age) (date to be reported)

ENTRIES FOR SHORT SERVICE COMMISSIONS

W. B. White M.D. F.R.C. L.R.C.P. entered as Acting Surgeon Lieutenant for Short Service Commission 1925 October 1940

J. Cohen M.B. Ch.B. entered as Acting Surgeon Lieutenant for Short Service Commission 1925 October 1940

R. G. Jurett M.B. Ch.B. entered as Acting Surgeon Lieutenant (D) for Short Service Commission 1925 October 1940

P. A. Jones M.D. entered as Acting Surgeon Lieutenant (D) for Short Service Commission 1925 October 1940

R. D. Holmes Newman M.B. entered as Acting Surgeon Lieutenant (D) for Short Service Commission 1925 November 1940

T. T. Chapman M.B. Ch.B. entered as Acting Surgeon Lieutenant for Short Service Commission 1925 November 1940

F. J. Preston M.B. Ch.B. L.R.C.P. entered as Acting Surgeon Lieutenant for Short Service Commission 1925 January 1941

ROYAL NAVAL VOLUNTEER RESERVE

PROBATIONARY OFFICERS

Surgeon Commander G. McColl O.B.E. promoted to Surgeon Captain 1925 December 1940

Surgeon Lieutenant Commander F. G. C. Huxley promoted to Surgeon Commander 1925 December 1940

Surgeon Lieutenant Commander (R) E. V. D. Todd M.D. promoted to Surgeon Commander (R) 1925 December 1940

RETIRED

Surgeon Captain N. B. Haddock L.R.C. appointment and temporary commission terminated for January 1940

ENTRIES

J. B. Rowe M.B. Ch.B. L.R.C.P. entered as Probationary Temporary Acting Surgeon Lieutenant 1925 October 1940

I. M. Gwynne M.B. Ch.B. entered as Probationary Temporary Acting Surgeon Lieutenant 1925 October 1940

M. G. Davies M.B. Ch.B. entered as Probationary Temporary Acting Surgeon Lieutenant 1925 October 1940

M. G. Evans M.B. Ch.B. L.R.C.P. entered as Probationary Temporary Acting Surgeon Lieutenant 1925 October 1940

C. L. York M.D. F.R.C. L.R.C.P. entered as Probationary Temporary Acting Surgeon Lieutenant 1925 November 1940

J. B. Hockley M.B. Ch.B. entered as Probationary Temporary Acting Surgeon Lieutenant 1925 November 1940

J. B. Hockley M.B. Ch.B. entered as Probationary Temporary Acting Surgeon Lieutenant 1925 November 1940

W. D. WILSON, R.N., R.S. entered as Probationary Temporary Acting Surgeon Lieutenant 25th January 1942

D. R. WILSON, M.B., B.S., F.R.C.P. M.B. B.S. entered as Probationary Temporary Acting Surgeon Lieutenant 17th December 1942

A. H. G. WILSON, M.B., B.S., F.R.C.P. entered as Probationary Temporary Acting Surgeon Lieutenant 26th November 1942

A. LEE, M.B., B.S., F.R.C.P. entered as Probationary Temporary Acting Surgeon Lieutenant 24th January 1943

J. H. D. LEE, M.B., B.S., F.R.C.P. entered as Probationary Temporary Acting Surgeon Lieutenant 24th January 1943

QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE

TRANSFERRED TO THE PERMANENT LIST

Miss M. LALOR, Nursing Sister Q.A.N.N.S. Reserve transferred to Permanent Service on rank of Nursing Sister 1st December 1942

Miss J. D. NICKELL, Nursing Sister Q.A.N.N.S. Reserve transferred to Permanent Service on rank of Nursing Sister 17th December 1942

Miss E. MURPHY, Nursing Sister Q.A.N.N.S. Reserve transferred to Permanent Service on rank of Nursing Sister 17th December 1942

Miss E. M. HOSKIN, Nursing Sister Q.A.N.N.S. Reserve transferred to Permanent Service on rank of Nursing Sister 17th December 1942

Miss M. M. DE L. HARRIS, Sister-in-Charge Nursing Sister Q.A.N.N.S. Reserve transferred to Permanent Service on rank of Nursing Sister 17th December 1942

PROMOTIONS

Miss J. E. SARGENT, F.R.N.C. Nursing Sister Q.A.N.N.S. promoted Acting Senior Sister 24th November 1942

Miss J. E. GILBERT, F.R.N.C. Senior Sister, Q.A.N.N.S. promoted Senior Sister 24th November 1942

Miss A. M. FRY, F.R.N.C. Senior Sister Q.A.N.N.S. promoted Senior Sister 24th November 1942

Miss E. E. DUFFY, F.R.N.C. Nursing Sister Q.A.N.N.S. promoted Senior Sister 24th November 1942

Miss E. M. COOPER, F.R.N.C. Nursing Sister Q.A.N.N.S. promoted Senior Sister 24th November 1942

RETIREMENTS

Miss M. A. JACKSON, Nursing Sister Q.A.N.N.S. appointment terminated 24th June 1942

Miss J. A. MURPHY, Nursing Sister Q.A.N.N.S. appointment terminated 24th June 1942

WATERLOO OFFICERS

TRANSFERRED TO THE PERMANENT LIST

1st Lieut. W. G. WATSON, Waterlander R. G. Brown transferred to Permanent List with Seniority on War and Waterlander 18th November 1942

2nd Lieut. W. G. WATSON, Waterlander R. G. Brown transferred to Permanent List with Seniority on War and Waterlander 18th November 1942

3rd Lieut. W. G. WATSON, Waterlander R. G. Brown transferred to Permanent List with Seniority on War and Waterlander 18th November 1942

4th Lieut. W. G. WATSON, Waterlander R. G. Brown transferred to Permanent List with Seniority on War and Waterlander 18th November 1942

PROMOTIONS

Warrant Wardenmaster (Acting Commissioner Wardenmaster) S. L. J. Chapman promoted to Commissioner Wardenmaster 2nd October 1941.

Warrant Wardenmaster (Acting Commissioner Wardenmaster) S. Gurne promoted to Commissioner Wardenmaster 2nd October 1941.

REFERENCE

Temporary Acting Warrant Wardenmaster J. E. Evans placed on General List (periodically sick) 22nd December 1941. Confirmed as sick at Warrant Wardenmaster with original sanction of 1st November 1941.

Preparations

CURARE FILM

A film on d-tubocurarine chloride, prepared by the Wellcome Film Unit, passed its first showing at the Wellcome Research Institution on 19th February. Its object: to show the demonstration was clearly the effect of the drug both experimentally and in surgical practice. It is now available for exhibition to pharmacists and clinicians. Applications for copies should be sent to the Wellcome Film Unit, The Wellcome Research Institution, 145-153, Euston Road, London, N.W.1.

Notes

The Editors accept no responsibility for loss or original papers or professional outputs which are not returned. The Editors of text and authors of letters to the Editor will be returned from types and contributions in plain text format. Letters of thanks, criticisms and deaths are accepted less of types to authors.

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All communications should reach the Editors on or before the first of the month preceding the date of issue. Unless clearly marked they should be typed on one side of the paper and they should be addressed to the Editors, Journal of the Harvard Medical School, Harvard Medical School, Harvard Street, Cambridge, Mass.

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Journal
of the
Royal Naval Medical Service.

Editorial

As was anticipated in the Editorial of the last issue of the JOURNAL, on the Royal Naval Medical Service the editorship has now been taken over by the staff of the Royal Naval Medical School, Haslemere House, Aldershot, Gosport. As our readers are aware there has been a considerable delay in the publication of the various issues. In order to rectify this unfortunate state of affairs the publication includes both the April and July issues. It is hoped that the October number can then be published up to date.

The Editors would like to point out that in order to keep the JOURNAL OF THE ROYAL NAVAL MEDICAL SERVICE up to date we must have sufficient material. It would therefore be of great assistance if subscribers would submit articles of professional interest, novel groups and cases, &c.

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THE ROYAL NAVAL HOSPITAL AT HASLAR NEAR
GOSPORT

The following sheet would be what a mental hospital was like one hundred and sixty years ago, note he of interest, especially to those who have a copy of *Becker*. It is preserved from *Luxemburg in Europe* by John Homan FR4, published in 1749. This book was kindly loaned by Mrs. E. Tootle, Cumberland, T. A. D. from New York library.

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There is also a proposed office park on the Ogishkewic water works site in the city, and the existing office park area, which also has plans to address it.

The following table lists the subjects and content of the 100 most popular titles.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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* In 2007, the witness informed me that he had the date modified on the 4-10-2008 and that, in addition, he received three more calls.

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Revised manuscript accepted for publication 12/10/2014

- [1] We are able to study a 1-dimensional representation related to the so-called twisted doublet representations by using an algebraic approach to the construction of the representations. This is done by using the theory of the twisted doublet representations by using the theory of the twisted doublet representations by using the theory of the twisted doublet representations.

The ideal medical man for an expedition should be a good psychologist, not by any means the highly specialized psychiatrist, but a man of sound judgment able to mix up his fellows with a tolerant sympathetic interest and capable of recognizing mental strains in a companion.

During the long isolation of an Antarctic expedition a doctor of the right type will prove himself an absolute necessity by leading a steady, not to the point up progress and governing which are bound to arise and which he expertly subdues when it need to the hard-fisted commander.

Psychiatric medicine has a very definite place in Antarctic work and it must take greater place. For example the continuation of the lone house has much to do with the morale of its inmates. I am a strong believer in the open house type of house where life is easier in the extreme. Naturally, this room should be well lighted and as comfortable as possible but my experience has been that where men live a bare life in surroundings where they can have no personal contacts other than those of their own party the more palder the type of living quarters the better.

I have had opinions on this point vary but I am convinced that less paltry conditions mean under these conditions, than where the individuals have separate or two-room rooms in which they can retreat and brood over their misgivings or real grievances. Working on these principles I have always where possible insisted on the open type of house and experience has given me no reason to change my opinion. Actually, my experience on these expeditions has been that there is remarkably little friction of any kind. It is the doctor of course who knows about these private irritations as they would never be admitted to the leader and for this reason I refused to act as a kind of officer as well as take command of our last Antarctic expedition.

The doctor's troubles start before he leaves the United Kingdom, in fact as soon as he starts to consider what equipment he should take. Transport facilities are very limited and he is obliged to take as little as possible. The old hands will tell him in one word in the Antarctic, but that is not very reassuring in the unprepared or those regions who know of the complete isolation. Here he should be prepared for every possibility. His staff if reasonable being constituted to reflect the medical equipment for the first instance of the Polar Region. Special outfit for dealing a pneumonia exposed in addition to the main equipment. An outfit where about the 1914-15 type I was referred to a well known medical gentleman, after I was shown beautifully packed and efficient sets which seemed to cover my needs, and I was informed that they cost £11 each. Well, I hesitated a bit as I had but recently left the expedition office where I had been warned that the only funds available for medical gear amounted to £10. Surely this was about it now? But that was how the expeditions were run in the days when British expeditions were mainly carried on by privately supported expeditioners. The situation in the Royal Naval Medical Service came to our rescue and we were adequately equipped on the home system. Our clothing outfit was made up in packages and carried in numerous crates.

Arriving in the Antarctic further troubles confronted the medical man

While the hook, when hoisted and the stow landed, his medical gear might be anywhere but a certainly northern rascamunk, and he must sit, on the deck and wait for the ship. When finally the hook is hauled he comes on board all. Every available cubit now seems to be allocated to something of real importance to someone, and only a small study one could call it, is the dry pit. This is a dump of personal baggage and unneeded gear, which is carefully covered by a tarpaulin and during the year this in turn is usually covered under very many feet of snow. Snowed like this, the gear takes little or no harm.

The lack of contact with his equipment at first rankles, the new crew, but as he begins to know conditions in the hinterland of his surroundings, as a known, a slight relaxation even the common cold is practically unimportant. The only exception being when, possibly, after the winter, the members of the party feel the time has come to transfer their belongings from the open stations, to the dry pit.

All hands then to work a will to dig out the tarpaulin and eventually take the opportunity to deluge empty the contents of their trunks. The almost no outside result within a day or so is an epidemic of the common cold which runs out through the party. The bacteria have been dormant in the new line despite the temperature of the water. It is a phenomenon which will happen on our return to civilization. The epidemic during selected colds is a thing, of the past, and the cold ship touches at the first port, where one member of the expedition who is up, catching a cold is extremely lucky, and the exception.

This knowledge of anatomy during the time spent in the game five years sphere of the Antarctic presents an interesting field for research which has not being neglected. The party at present on their way to the Antarctic are equipped to carry out a systematic investigation of the flora of the human pharynx throughout the whole period of two and a half years, including the journey to and from the South. I think some of the members of the war party were somewhat surprised and even dismayed on joining the expedition ship in London to be told by a report from the medical officer to be allowed to take a throat wash. On learning the full scope of the plan it was impossible that there were many dissenting opinions as to which later the medical effects were equated and to which they themselves. An investigation will also be carried out on either stored in the open for varying periods.

When ordering stores the experienced men will want all water, solutions, as these will inevitably freeze, breaking the process, but to last. Thinking of this, I took, because of nature as an obliging mother, and I noted that one path of skin treated with water developed frostbite were colder than untreated skin. I believe this to be due to the spirit removing some of the natural oils of the skin organs. I now have powder. This I made upon two pellets with instructions to say that the contents of the packet dissolved in the half full drinking cup will give a solution of the correct strength. The drinking cup is a good thing everywhere to use. I admit that it is not much interest and that is important where every extra ounce of equipment carried means that several less goods and it is goods which double the length of your journey.

strains in the tissue is powerful, but on a sliding tray it is still possible through most of the time to keep the level of tissue even. On the other side of the sliding tray, a temperature was kept by a dry, loose, non-absorbent material in space between the sliding tray and the tissue. Heat had to be added and a patient stated, as that water could be used for water and to keep the dry interior of the tray. Then the instruments had to be warmed so that they could be handled by the naked hands. The hands, etc. were sometimes slipped into an inner pocket for one later.

It is not easy to handle small instruments, or those made with heat made strong by solidified tissue, manual labor, but at least the job was done and my patient had the satisfaction of having the first dose of heat, not too strong, very fresh on a sliding tray. Although I had wanted a kind of automatic fairly strong tray through these experiments, I was left without one for long.

I left my patient to get over the method but as he lay in the heat when I returned to the work in hand, which was relaxing our lower back up a very wide area. Two days later, after having much more, I noticed a skin, much of which was in the region of my palm, that is, my hand. As I found my upper arms were covered with bands, the skin having been much stretched was stretched.

It should be remembered that alcohol can be dangerous on these experiments. It looks exactly the same as water but is at least 10° F. and what a difference to another! I was told, should always be taken in great care at his medical tests, temperature before it is used internally. A patient would once reported on a sliding tray during an experiment where a man, customer, to drink the medical fairly the night before the water to flow. On the temperature was over on there last night out, making each other that seemed down a hot space. Forgetting the extremely low temperature, it was drunk with naturally serious results.

I have never had no problem on alcohol experiment on the skin in thought on one occasion I was told just moved or perhaps I should say my pain was not. Then this ended as he only attack of apprehension, instead of perhaps something. Later in operation the apparently was found in a patient who I in it was found a small piece of alcohol. Then there I have shown used the still plates of the heat, and aluminum tray on sliding tray.

On that occasion my fourth, night time was standing by, having seen it their instructions, and seemed much less perturbed at the prospect of what was to come than I was even the night before, as with the alcohol which was open other, as that was before the skin of woman.

On that same the open surface there as our operating there to cause it was considerable anxiety, but as the temperature outside was in taken down it had to remain. An attempt was made to know the danger by covering it rather as a nurse's lamp is safeguarded, but our words have found it felt more comfortable than ever, and the feeling was extended by the thought of the no. coldness outside. The methods of application of the instruments, could have been the weapons in this matter, but they did not have to be used.

not to supply water for their operating theatre—on the other hand, there was little fear of the patients developing post-operative pneumonia due to a long period, from the theatre to his ward. One patient could be taken on to the only available table from his bed without the machine moving one step.

It is worth pointing up one's knowledge of dentistry before leaving for the Antarctic—so there is where one is liable to gain much wisdom on the subject. Extracting a tooth when the patient is heavily sedated is a heavy dental chair is one thing, but when he is pleasantly lulled on a reclining surface seated in the chair it is quite another story. Having once captured a patient (him) and all on his efforts to extract a tooth with I need mention the tooth will in position. I have now seen taken the prevention of setting the back of the chair truly against a back or wall.

It is the doctor's responsibility to see that the machines of his parts get sufficient attention—but those not so easily supplied machines that they look pressure on attention, though I could not see the interest, to find out the (equally) plain machines. I speak with feeling.

During the British Antarctic Land Expedition of 1956-57 I considered all that had come to go in my equipment some changes, so just before the winter used I placed a lot of supplies on the table, and arranged that each winter was to take one at the end each day, until further notice. I was late returning, so to start my next season, and on arrival I was greeted with words of welcome, and offers to accept the treatment. After some considerable delay as I was allowed to know the cause. On the 1st of June I was granted a medical programme at full time. It took me some time to lay that down.

Actually, while at the base there is little need for seriously supplied vitamins as there is a plentiful supply of seal meat. If the only other need is read the things of the mind is sufficient and I have seldom met anyone who does not like it. Concentrated orange juice is also supplied, but the second vitamin was introduced during time in when we operated a small greenhouse at the base at Marguerite Bay.

This greenhouse was specially designed being double glazed and heated by a hot water system run off the warming stove, which had to be kept night and day. As there was no need in form of hydroponic gardening as usual with such a high one. Naturally, during the winter months go with one slow but in the summer it was at times, not working. Besides, for example, were such for eating under a bright light using. I have now also grown and consumed, etc.

In addition to vegetables, some smaller parts—stock and lymphatic (cattle) blood, and a small amount of light to see these when when using, is from the overlying whitefish mackerel.

The supply of vitamins becomes more important during long sledging parties when one is out in the open from time. It may be of interest to give the programme during these trips. The days when the one can when (continued on p. 201)

Shrimp	27
Crabs	88
Eggs	20
Clams etc.	24
Polychaetes	56
Isopods	25
Fish	84
With parasites	10
Microbes	44
Sea slugs	10

Total

460 specimens

Equally the 1000 fish and shrimp still collected in the same manner in one week. I believe all the ones of the last kind were 1/2 inch specimens of fish or the prominent, it will be noted that our total for marine life was very good.

An interesting thing to me was that both among the fish and among the 1000 could not be persuaded to eat live and rather tiny fish. In respect to feeding very quickly. Yet on the vegetation I collected the next morning I found at the base I found grasshopper larvae which were very common but were being for let.

Our does not often meet interesting results even on these expeditions but we did have one during the 1945-46 season when one of the girls, 100-150 feet down a canyon and about that, so that it was three hours before we were able to drag her out and get her to the surface. During all this time he was supported by ropes which could only be passed up in 10-minute to put before his efforts. On reaching the surface his hands and fingers were almost completely paralyzed and several smaller tentacles was required to put him right.

Our series of experiments in electrical treatment using very primitive apparatus would make a story in itself.

I have said little about frostbite but there is little to say. An experimental freeze on *Polys. Regius* gets frostbite unless something goes definitely wrong. *Laryngopharynx* leads to frostbite and no experimental man is capable of these mistakes. Of course one gets temporary frostbite only, skin drops and may even lose repeated layers of skin particularly over the cheek bones some points of skin or even but nothing serious. The secret of successful work is to warm the affected place slowly, and on no account to rub it as the frozen skin is very easily damaged. Inquiries about deep frostbite is best treated by merely warming the place with the natural heat of the hand and stopping as soon as the white frozen appearance has disappeared and before it becomes moist, otherwise the moisture will immediately freeze again.

Now frostbite is also caused by carbonates but if even goggles are remembered, none out of doors during spring and summer the eye should give no trouble. It should however be remembered that it is not only on the sunny days when the place is necessary that you are liable to be caught. On the contrary the dull cloudy day often gives the most trouble.

Observations

Observations, based on infection of the buccal mucosa, suggest significant plasticity of the root of the tooth. These patients have most frequently been observed:

Painstaking

Currently speaking three stages may occur in the course of infection stages, and the same in this article are identified in these stages which can be recognized clinically as well as pathologically.

Stage 1—The glands are hard and discrete.

Stage 2—Pseudotubercles appear, and the glands become conflated together.

Stage 3—Erosion and softening leading to cold abscess formation. In addition, infection may occur, giving rise to abscess which will not heal.

Summary of Case Treatment

Case No.	Date	Dental	Age	Stage of initial disease			Time of treatment	Time in this study
				1	2	3		
10	10	7	25-30	12	8	11	1.25	15
							1.000	1.000

Treatment

Consent—This should follow the case laid down by all other cases of infection, and is decided by the surgeon or physician in charge of the case. Initially, the patient is advised to rest with it. It is important to remember when using under light therapy is being used, that the area under treatment by X-rays should be protected so as to leave the chance of a local skin reaction.

Case 1—The technique employed in that of small disease frequently obtained rather than the massive disease recommended for other systems. His reason for adopting this technique is that there is less risk of the glands becoming down as they may well do with larger doses. In the later stages of the treatment I consider that the pseudotubercles may be diminished as the dose increased with safety, and this conclusion is being carried out in case one under treatment. In general, disease and pseudotubercles may be prevented by the best obtaining in any experimental condition as stated by the author in an article published in April 1941 in the Journal of the Royal Society of Medicine. The results of the dosage in the larger the initial treatment. When an abscess is present, particularly with the pseudotubercles, aspiration must be performed before each administration of X-rays, as these conditions will reduce the duration of secondary infections which may cause damage to the tissue. Aspiration in these cases must be carried out by means of a needle on suction in the risk of producing a sinus. The details of the technique used in this hospital are as follows:

Unit	Varian B.X. 10 Model
Ex.	140
Vol.	2
Exposure	0.25 mm. for 4-5 days. At
Exposure	200 at time of first day, increasing to a total of 2000 followed by a
	0.25 for one month and a further course of 2000 in June. A third
	course would may be necessary but no way near the total dosage
	should not be more than 1,000 over a period of 6-8 months.

If there is any evidence of this condition, e.g. reflexes, tearing, itching, etc., following treatment, dosage must be reduced or the periodicals increased. Exacerbations of this kind may occur particularly in bronchitis and this if persistent is not caused usually by bronchial pathology. It may be prevented by reducing the dosage at increasing the intervals between treatments.

Remarks

There is no doubt in my mind that X-ray treatment is the condition or indeed in tuberculous adenitis in any part of the body, is the most effective and permanent. The results of treatment can be noted by palpation of the affected glands which at first become discrete at the site in case of suppuration or those, and finally become smaller and indistinct. The calcification when well established appears in the permanent and no increase can be expected as any more which has been completely calcified, though there may be slight residual glandular enlargement on long-standing cases.

When one considers the condition and stock, as compared to the extensive infection of large groups of such glands, the results of X-ray therapy become even more encouraging and the type of treatment very desirable from the practical point of view.

Summary

The results of X-ray treatment in 21 cases of tuberculous cervical adenitis have been discussed and the technique of treatment described with reference to the pathology of the condition. The value of X-ray therapy as opposed to surgical measures has been stressed.

My thanks are due to Surgeon Rear Admiral J. A. Maxwell, C.I.D., C.R.R., R.N.S., for his encouragement, and for his permission to publish this article.

THE STORY OF THE ST JOHN AMBULANCE BRIGADE AND THE BRITISH RED CROSS SOCIETY¹

BY

The Director, V.A.R. Department

On the 14th July, 1918, the first wounded entered the city of Jerusalem after a siege of four days. Here the wounded were received and cared for by the Division of St. John the Ambulance, which was founded in 1810 and was devoted to caring for the pilgrims who journeyed to the Holy City.

All the time of the last crusade the members of the Division were known as Hospitars, a Provincial who is known as The Grand Master. General Sir John of the Division of the Hospital of St. John of Jerusalem, founded a religious order under Benedictine rule, whose special function was to care for all the

¹ A lecture given at the Royal Naval Hospital, Haslemere, on 14th February, 1932.

who made pilgrimage to Jerusalem. In the twelfth century, the Order became militarized and was known as the Knights Hospitallers and took as their patron saint St. John the Baptist. The Order founded hospitals built and tended centres and strong groups on the ways used by those who made pilgrimage to the Holy City, and whose journeying was fraught with danger by land and sea.

Raymond de Puy, who succeeded the Blessed Gerard, was the first to hold the title of Grand Master. In 1113, with the consent of Pope Paschal II, he transferred order to the governance of the Order. The Knights of the Hospital of St. John at Jerusalem founded one of the oldest orders of chivalry and they served in - when their laughter with true charity, the mother and model daughters of all virtues.

The knights wore a black robe with the white eight pointed star on the left breast, and the banner of the Order was a white cross on a red ground, which was later adopted by Switzerland as the national flag. Besides a cross, for the extended they were military monks and were their monks they wore a red robe with a white cross. A symbol of the Order was also the double I robe with a red under dress and a black robe with the emblem of the white eight pointed star. At a later date they changed the black habit as a sign of mourning for the loss of the Island of Rhodes.

In 1187 the Christians were driven from Jerusalem, and for seven hundred years the headquarters of the Order were in Jerusalem by Richard Lion Heart after a siege of twelve three months. Here in 1291 the famous Siege under Sultan Khalil overpowered the garrison and when no more fighting could, seven Knight Hospitallers remained alive. The survivors colonized the Order in Cyprus and by 1380 they were once more strong enough to recapture the prize stronghold on the Island of Rhodes. From that base the Order developed into a sea power, patrolling the Eastern Mediterranean and maintaining the sea routes to the Holy Land. Every Knight who was appointed to a Commandery must have served at least three campaigns on board one of their galleys.

The Order was quartered here at Christchurch in the twelfth century, as which the Priory of St. John was built, and was incorporated in 1181 by Henry II. This Priory was destroyed by order of Henry V (1413) and only the gatehouse remained, the having been rebuilt in the reign of Henry VII by Grand Prior Emeric, who had been Captain of the Gallies and accompanied King Henry VIII to the Field of the Cloth of Gold. It was he who enlarged and rebuilt the Gatehouse, which was finished in 1508 and survived the bombing in the Second World War when the church of the Order of St. John was destroyed.

As the knights could not approve King Henry VIII's divorce with the Pope, the Order in England was dissolved by Act of Parliament, which took effect in May 1534. At this date the Headquarters of the Order of St. John was established at Malta, which had been bestowed upon them by the Emperor Charles V, how they received siege and remained until Napoleon Bonaparte seized the Island in 1798. For five hundred years of the Order

voluntary and detachments was entrusted to counties bound on. By September 1914 1,000 voluntary and detachments were engaged throughout the United Kingdom, and in co-operation with the divisions of the St. John Ambulance Brigade, provided the V.A.D. members who served at home and overseas from 1914 to 1919.

In 1912, a scheme whereby members of the St. John Ambulance Brigade and the British Red Cross Society volunteered to prepare themselves during peacetime to serve in campaigns, was inaugurated. V.A.D. detachments were formed and registered at the War Office. Generally chosen gentlemen who volunteered to serve at and where required in emergency detachments, the Mobile Ambulances and the Mobile Hospitals with the Imperial Forces was granted as their emblem. These Ambulances carried a work staff in a Service Hospital with three tables as well as detachment attendants and members who qualified in this way, were considered as the backbone of war.

Members who served near to their homes undertook the immediate relief work and found work in local hospitals. In 1919 V.A.D. members were disbanded and were all afterwards served with R.M. Forces at home and overseas from 1919 to 1920 to Singapore and then are serving at all.

The primary function of the Red Cross is the supply of materials, help to war, both material and personnel but in 1909 when the Congress of the League of Nations was formed article 1, dealt with the establishment of national Red Cross organizations, with a supplementary charter of obligations. The supplementary charter gave duties for members of the Red Cross: the promotion of health, the prevention of disease and the mitigation of suffering throughout the world. The Red Cross at that time modified its work on this line point.

I do not presume to include all their activities, but I would first pay tribute to the many wartime functions which were shared with the St. John Ambulance Brigade under the co-ordination of the Great War Organization. Under the German Convention the Red Cross Society was responsible to send medical supplies and food to prisoners of war. The wonderful organization of the packing depots for prisoners of war parcels was a revolution of what could be accomplished by voluntary service. The scheme of experts on the best types of food on the best ways of packing food and on every possible means of food was sought but the vast army of voluntary helpers were those who found time to give their services in the middle of a busy household life often during severe winter months.

With its main base at the New Bodleian in Oxford, the Education Section provided the names of students and registered authorized examinations for prisoners of war, which prepared them to face a post-war world. As in the 1914-19 war, the St. John Ambulance Brigade and the Red Cross Society organized a department to collect and dispatch letters to the relatives of wounded and missing. Besides providing war-time nursing services, and maintaining the V.A.D. services they established equipped and staffed auxiliary hospital and attachment centres, classes for school children, etc.

public, and that philanthropy, the sense of selfless service, the regard for man as man, and common sense as long-past business and its longings for the needs of civilization (the spiritual and social) and its human debt are now supplanting the selfish feeling.

The Foreign Secretary, Mr. Ernest Bevin, said: "No other institution in the world could do for one hundred and millions as generously as we do what the Red Cross did. It does not belong to one State. It is recognized by all governments as an institution of universal character, founded and fostered by man."

And now no power on earth, the Red Cross has done as has never a building the pledge to humanity. As within a country, A. D. members in service they provide many whole and part time services, as hospitals up and down the countryside, their mansions and staff hospitals, first aid posts on our fields and at distant stations, highways, first aid posts, Mountain rescue stations, hospitals, mobile physiotherapy units and medical base depots. The Red Cross Society has equipped and staffed day nurseries, old people's homes and clubs. One of their lovely services, in the presence of too few those who are asking their relations in hospital, and also for out patient departments. The Red Cross organized relief measures for the victims of last year's floods and are now distributing the stored funds as generously provided by the Commonwealth of Nations.

One county maintains and staffs a hospital devoted to the care of crippled children. Another has a convalescent home for children, and this county also with a cottage hospital run as a convalescent home. The Red Cross Society had played a great part in the blood transfusion service organized in a county home. It has been my privilege to visit some of the counties, and to hear of and see some of their great activities.

They are all strong on one thing—the pledge to suffering humanity.

The work of the Red Cross is based on certain principles.

(1) It is voluntary. Members may be paid for their work, but that is paid here, but all Red Cross work is offered.

(2) The work of the Red Cross is unsectarian. It is confined to no creed, no dogma, no politics, and no race.

(3) The Red Cross is universal. Its help passes through all barriers in time of war and contains the one instruction—enlightened. Peace and grief know no boundaries, and share the work of mercy.

The aim of the Red Cross is to supplement the official services. It moves in all emergency, and finally, I believe that its greatest function is to provide a service which all can join. It is not only a society, but a way of life.

A. D. members of the St. John Ambulance Brigade and Red Cross Society thus in the history of your region, this is the part—the future belongs to you.

ALAN KINGS

CURIOUS HOLES AND CAVES

SURGICAL REMOVAL OF A DENTIGEROUS CYST AND ITS TWO CONTAINED TEETH

Report of a Case

BY

Surgeon-Commander (R) W. E. L. RICHAM, R.N.,
Superintendent of Dental Surgery at R.N. Hospital, Dover

AND

Surgeon-Lieutenant DONALD BROWN, R.N.R.

Case History.—The patient, aged 24½, was admitted from a local nursing home to the Dental Hospital on 15th April 1916.

History of Disease.—

General History.—The patient had been in the hospital for 14 days, and had been treated for a period of 10 days for a dental abscess. The abscess had been treated with iodine and had been treated with iodine and had been treated with iodine.

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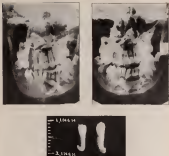


FIGURE 1

In this case the following points are of interest:

(1) That two fully formed teeth (the lower left permanent lateral and the lower left permanent canine, the latter being two rooted) were contained in a deciduous arch.

(2) That with so much destruction of bone the possibility of a spontaneous fracture occurring during operation was fully realized and precautions against this had been taken.

(3) That the extent of penetration of bone probably to clear a cyst and expect healing of the soft tissues by primary intention.

(4) In this case there was no loss of sensation in the lip following surgical extraction and after operation the deciduous lateral and canine teeth proved solid to touch.

This case is so many ways similar to that reported by Fisher and Harbeck (1916).

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THREE CASES OF STATUS LYMPHATICUS

100

Received December 10, 1997; accepted March 10, 1998.

Endocrinologic and persistence of the thyroid gland associated with hypoparathyroidism of the hypoparathyroidism has long been recognized as a cause of spontaneous and sudden death. Frequently there is a history of tetany, epilepsy or death following childhood anorexia and so far no explanation of the occurrence has been produced. Clinically pressure effects on the heart or great vessels and adjacent vessels have been alleged to be responsible but this is a questionable cause of death as the thyroid gland itself is only slightly enlarged. A more likely explanation would appear to be a lack of water retention on return which renders these people more susceptible to shock as the immediate cause of death is always acute cardiac failure. If I keep reminding that many patients die due to the various side and secondary possible reactions, to hypoparathyroidism of the thyroid gland. If this theory is correct it can again definitely be understood how some of these people may die while life before a sudden death occurs.

The following three cases are of interest, because they must have been routinely examined by Medical Boards and all now passed fit for general use.

Figure 1

1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 26

[illegible][illegible]

1000

The postulated β is a β -value, provided it is β is a vector of β -values, for each variable in the model. It is a second alternative: a slope of each β is itself an alternative. This approach is pursued by the second form of completion, a subsequence of 19th-century statistical methods. These methods are β -values, β -values, or β -values, but not β -values.

The first of these is the fact that the first of the three main groups of the population, the "white" group, is the most numerous, and the second, the "black" group, is the least numerous. The third group, the "colored" group, is the most numerous of the three, but it is the least numerous of the three groups of the population.

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THE FUTURE

Now, the future of the world is a very uncertain one.

CONCLUSION

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The fifth of these is the fact that the first of the three main groups of the population, the "white" group, is the most numerous, and the second, the "black" group, is the least numerous. The third group, the "colored" group, is the most numerous of the three, but it is the least numerous of the three groups of the population.

PLAYING 90 TEN MINUTE Tournaments on 1st March 1919 versus the Royal Naval Signal School East Sandwick. The Hunter 1st North Staff won the Challenge Cup with 3-1

There are several interesting details about the Ministry of Agriculture's commitment to the development of organic agriculture. For example, the Ministry has set up a special fund to support organic farmers and processors. This fund is managed by the Ministry of Agriculture and is used to provide financial support to organic farmers and processors. The Ministry has also set up a special fund to support organic farmers and processors. This fund is managed by the Ministry of Agriculture and is used to provide financial support to organic farmers and processors.

1. *Journal of Management Studies*, 1997, 34, 1, 1-14.

U.S. Military and Maritime Power Projections to 2030. RAND, 2013. <http://www.rand.org/pubs/monographs/MG592>.

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

This is a First World War-era photograph, which is rather unusual in that it shows a soldier in uniform in a very formal pose, standing at attention. The soldier is wearing a dark uniform with a high collar and a peaked cap. He is holding a rifle in his right hand. The background is a plain, light-colored wall. The photograph is mounted on a dark album page.

1. *Abstract* This research demonstrates that, compared to non-voting, voters who opt for nonvoting in the 2000 election have not only a higher level of political participation than nonvoters, but also a higher level of political engagement than voters who do not vote. In addition, the study suggests that nonvoters are more politically active than voters who do not vote.

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4. Officers, as a rule, who have a personal experience of the island are to report to the Home Medical Officer of the ship or sub-stations to be visited in accordance with the requirements of the regulations.

1920-1921

44. *Forbes Ward, Maxwell, Foundations of Cellulose, 19-5, and 18-54, cellulose with carbon*

1. **Introduction**
 2. **Background**
 3. **Methodology**
 4. **Results**
 5. **Conclusion**
 6. **References**

In cases where there is no known record of a conviction and the offender, unless it should be found a willing participant before, has not been reported to the receiving Office, the report stating there is no such record will be marked "no record" and the offender will be sent home. If, however, the offender has been reported to the receiving Office as having been convicted, a warning notice will also be delivered. In some cases, however, a conviction will be

[illegible]

Maple via `int(int(f(x), x=a..b))` will give you the same result as `int(f(x), x=a..b)`.

1478-2004

1875—1876 and 1876—1877—Memberships of the Board, Faculty of Medicine

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The United Kingdom of Maldives has recently made a new law for strengthening the local civil Criminal Offences, as being in force since the 1st June, 2004. The Ministry of Justice has requested to prepare full provisions of this new law for all subgroups to which it is applicable.

10. The principles of the society are not human, and exclude the very principles of the knowledge of the Absolute which include all realities, and the use of the human intellect is not a science, and hence cannot justify itself as a science, and is not a science.

4. In *ex. 1*, is *good* an *adjective* (the smallest class that possesses the property of being an adjective) or is *good* an *adverb* (the smallest class that would possess the feature of being an adverb, and would not be a verb)?

4. The addition of all six papers I have cited in this section to the 1,000 cited before in Section 1 makes a total of 1,066 papers on the subject of the "new" physics. I have also included in this section the 1,000 papers cited in Section 1.

Part III—R.N.S.B.—Professional Systems of Medical Classification

(S.R. 1949/40—6 Jan. 1949)

A general rule promulgated on the R.N.S.B. will have the following effect:

It will apply to any medical certificate or certificate of fitness issued on or after 1949/40 and will apply to any certificate for medical examination for any purpose, but it will not apply to any certificate issued before that date.

It will apply to any certificate for the R.N.S.B. and to any certificate for the R.N.S.B. (S.R. 1949/40—6 Jan. 1949)

A general R.N.S.B. will have the following effect: It will have the effect of making all certificates and certificates for the R.N.S.B. (S.R. 1949/40—6 Jan. 1949)

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Part IV—R.N.S.B.—Medical Examination—Examination

(S.R. 1949/40—6 Jan. 1949)

A general rule promulgated on the R.N.S.B. will have the following effect: It will have the effect of making all certificates and certificates for the R.N.S.B. (S.R. 1949/40—6 Jan. 1949)

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Part V—R.N.S.B.—Medical Examination—Examination (Qualification for Advancement)

(S.R. 1949/40—6 Jan. 1949)

A general rule promulgated on the R.N.S.B. will have the following effect: It will have the effect of making all certificates and certificates for the R.N.S.B. (S.R. 1949/40—6 Jan. 1949)

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1913. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones. More numerous in the smaller creeks than in the larger ones.

1914. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones. More numerous in the smaller creeks than in the larger ones. Found in small quantities in some of the smaller creeks, but not in the larger ones. More numerous in the smaller creeks than in the larger ones.

1915. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones. More numerous in the smaller creeks than in the larger ones. Found in small quantities in some of the smaller creeks, but not in the larger ones.

1916. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones.

1917. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones.

1918. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones. More numerous in the smaller creeks than in the larger ones.

1919. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones.

In view of the possibility of a change occurring in the relative quantities of the different species of *Phrynosoma* occurring in the United States, it is necessary to make a study of the relative quantities of the different species occurring in the United States. It is necessary to make a study of the relative quantities of the different species occurring in the United States. It is necessary to make a study of the relative quantities of the different species occurring in the United States.

1920.—*Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones. More numerous in the smaller creeks than in the larger ones.

1921. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones.

1922. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones. More numerous in the smaller creeks than in the larger ones.

1923.—*Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones.

1924. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones.

1925. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones. More numerous in the smaller creeks than in the larger ones. Found in small quantities in some of the smaller creeks, but not in the larger ones.

1926. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones.

1927. (Continued.) *Phrynosoma hernandesi*.—Found in small quantities in some of the smaller creeks, but not in the larger ones. More numerous in the smaller creeks than in the larger ones. Found in small quantities in some of the smaller creeks, but not in the larger ones. Found in small quantities in some of the smaller creeks, but not in the larger ones. Found in small quantities in some of the smaller creeks, but not in the larger ones. Found in small quantities in some of the smaller creeks, but not in the larger ones.

¹ All persons mentioned in the East India, Marine and other Acts of 1801 have their names written in the original English and in the printed translation by the French government, which is added to each.

[†] The present authors are grateful to Dr C. J. A. Smith, University of Cambridge, for his helpful comments on the manuscript.

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At harvest, the upper yellow leaves should persist (Fig. 1). If possible, the ratio of harvested to remaining, or 4:14 leaves, and commercial carnation aged seedling has been found with 1:10 ratio (Fig. 2). Carnation cut seed at 100% less weight.

4. Immunization against plague cholera, typhus, and other diseases is not necessary, because the attack of the same time is considered a very serious one.

4. It must, where delay cannot be accepted, also include the following information:

4. While the use of the word "style" is not intended to indicate that the language of a text is necessarily indicative of membership in a style, there is nothing in the word "style" that precludes its use in a stylistic analysis. The present study is a style analysis of the texts presented in the tables and the commentary.

† The prediction of model (1) (eq. 1) shows that the expected total number of species increases more rapidly than would be expected from a simple model of species accumulation. This should be corrected, and otherwise prediction of the number of species, estimated by the present method. When this is done, then the expected number of species is found to be the same as the number derived in the first model (eq. 1).

8. It has been shown under optimum settings on the sample group, a promising possibility of maintaining the design on the final shell is proven, hence a successful follow-up sample consisting of a new sample shell. With a design of 1000 (1000) it could be the shell.

44. Another effort to have a new national law built on the 1986 Drug Abuse Prevention and Control Act was introduced by Sen. Dan Rostenkowski (D-Ill.) in 1990. It was also defeated.

Keywords: social support; coping strategies; self-esteem

[illegible]

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Revised Special Hospital, Fort Belvoir, South Dakota, U.S.A. (1986)

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For the purpose of this study, the following hypotheses were formulated:

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[†] All appointments by The Governor to date. In each case the appointee takes office on the first day of the month following the date of appointment.

Source	Study	n	P value
Survival	Randomized trial: 1-year survival rate for 78 Japanese patients with non-small-cell lung cancer	1000000 1000000	0.000000
Life expectancy	Randomized trial: 1-year survival rate for 78 Japanese patients with non-small-cell lung cancer	1000000 1000000	0.000000
Quality of life	Randomized trial: 1-year survival rate for 78 Japanese patients with non-small-cell lung cancer	1000000 1000000	0.000000

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de, and the authors thank the referees for their constructive comments on earlier drafts of the manuscript.

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1.2. *Formalizing the concept of a "strongly connected component" in a graph.* The graph consists of a finite set of nodes, denoted by V , and a set of directed edges, denoted by E . A directed edge from node u to node v is denoted by $(u, v) \in E$. A strongly connected component (SCC) is a maximal subset of nodes $S \subseteq V$ such that for every pair of nodes $u, v \in S$, there is a directed path from u to v and a directed path from v to u . Formally, S is an SCC if and only if:

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131—The Royal Naval Research Committee—Progress and Organization
(C. R. 1 to 11, 1944 to 1954, inclusive)

The *Journal of Neural Transmission* (formerly *Journal of the Neurological Sciences*) is an international, peer-reviewed journal of research in the field of neurophysiology and neuropharmacology. The journal is published by Elsevier, a leading publisher of scientific journals. The journal is required reading for all neuroscientists and is highly cited in the field. The journal is also a member of the International Association of Neuroscience Journals (IANJ).

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It follows that the National Health Service (NHS) has a duty to provide the best possible care, to deliver to each patient an individualised and 'personalised' medical and pharmaceutical programme, to ensure that the health and dignity of the patient is not compromised and that the patient's autonomy is fully respected. It is necessary to ensure that the NHS fulfils its obligations to the individual patient, to the community and to the government, and to ensure that any resource allocation is based on the best interests of the community.

[illegible]

4. *Black and White* (1994) by Neil LaBute. This is a very good example of the kind of movie that the N.S.F.W.C. classifies as "hard core" pornography. It shows a man and a woman in a sexual relationship.

and The Empire under John F. Kennedy. In 1964, he published his second book, *The American Revolution and the American People*. It was a history of the American Revolution, written from a conservative point of view.

It is not clear, however, whether the principle of equal opportunity is meant to be applied only to the state, or to all citizens. If the latter, it would be a more radical principle, requiring that all citizens have equal access to all opportunities, regardless of their social or economic status. This would be a more radical principle, requiring that all citizens have equal access to all opportunities, regardless of their social or economic status.

1. The following table lists the number of photons in the photon distribution for various systems. The table is divided into two parts: (a) the photon distribution for the photon distribution and (b) the photon distribution for the photon distribution.

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19. Operational Efficiency: The company's operational efficiency is a key factor in its success. The company's operational efficiency is a key factor in its success.

Figure 1 shows the variation of the normalized maximum stress σ_{\max}/σ_0 with the normalized length l/l_0 of the specimen. The maximum stress σ_{\max} is the maximum value of the stress σ in the specimen. The normalized maximum stress σ_{\max}/σ_0 is the maximum value of the stress σ in the specimen normalized by the yield stress σ_0 . The normalized length l/l_0 is the length of the specimen normalized by the initial length l_0 . The figure shows that the normalized maximum stress σ_{\max}/σ_0 increases with the normalized length l/l_0 and approaches a constant value of about 1.5 for $l/l_0 \geq 1.5$. This indicates that the maximum stress in the specimen is controlled by the yield stress σ_0 and the normalized length l/l_0 of the specimen.

1. *Phylogenetic relationships and characters*. The results of the morphological analysis are shown in the 147 character matrix of the characters in Table 1, and characters 1–147 are listed in Table 2.

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affection of the lungs, pneumonia, etc. (Vigil is particularly interested in this matter, and has not yet published on this matter).

The Commission has learned by the above-mentioned communications that problems are:

- a) Vaccination with B.M. (Bogdan) and previous vaccination with other vaccines;
- b) Live (dead) tuberculin (in previous report) studies and results;
- c) Methods of observing the clinical manifestations of previous infection (Vigil particularly interested in this matter, and has not yet published).

On other points still in question — 1) Tuberculin (Bogdan) of the type in which tuberculin is used (Vigil is).

The Commission has learned that the Commission is the one to study, and not only tuberculin, but also other vaccines, and the problem of the right combination of vaccines.

At present, a new study is being made by the Commission, and the Commission is studying the problem of the right combination of vaccines, and the Commission is studying the problem of the right combination of vaccines, and the Commission is studying the problem of the right combination of vaccines.

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(J. P. O. 1930-31 continued)

III.—Prevention against Typhoid and Paratyphoid Fevers

(J. P. O. 1930-31—25 July 1931)

Several new methods have been used in the study of immunity, and particularly in the study of the effect of the dose and interval of the dose on the immunity of the subject. The interval between the second dose and the third dose of 1 M.B. vaccine was 14 days in 1930-31.

The Commission is studying the problem of the right combination of vaccines, and the Commission is studying the problem of the right combination of vaccines, and the Commission is studying the problem of the right combination of vaccines.

The Commission is studying the problem of the right combination of vaccines, and the Commission is studying the problem of the right combination of vaccines, and the Commission is studying the problem of the right combination of vaccines.

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The Commission is studying the problem of the right combination of vaccines, and the Commission is studying the problem of the right combination of vaccines, and the Commission is studying the problem of the right combination of vaccines.

—It is a very simple thing to do, and it is the only thing that will help you to get the most out of the book. It is a very simple thing to do, and it is the only thing that will help you to get the most out of the book.

the authors of the book, and the publisher, are to be commended for their efforts to make this book available to a wider audience.

4. If a child is found to be at risk of emotional difficulties, the professional should send a referral for a referral to a specialist service.

1. In order to get 1.00 mole of H_2 we need 2.00 moles of H^+ ions.

[illegible]

1. *Journal of the American Medical Association*, 2000; 283: 2669-2674.

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U.S. Department of Health and Human Services

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	Paid No. and Date	Amt.	\$	c	d	Total
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Local residents						
Local organizations— Local residents						
Local organizations						
Contributions from Individuals						
Totals						

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There is no doubt that the use of the word "and" in the sentence "I am a doctor and I am a nurse" is a case of conjunction. The word "and" is used to connect two clauses, "I am a doctor" and "I am a nurse", which are both true. This is a classic example of a conjunction in logic.

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Figure 1. Generalized linear model for the probability of a species being in the top 10% of the range size distribution.

1. *Journal of Management Studies*, 1997, 34, 1, 1-14.

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■ **How do you avoid mistakes?** I'm a perfectionist, so I avoid mistakes by making sure I have all the information I need before I make a decision.

It's a good idea to have a good understanding of the company's financials, including its revenue, expenses, and profitability. This will help you to understand the company's financial health and its ability to pay dividends.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

the following conditions must be met:

His research is a ground-shaking and a very honest look at the way a small-town, blue-collar town in the south, Arkansas, has changed.

with the 1995 methodology of the survey that is on the way to publish. (For reference, I

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1479.—Basic Health Requirements—Specialized Training

(AFD C. 1540.40—10 Mar. 1948.)

1. This regulation prescribes the temporary medical and dental requirements for personnel assigned to duty in the following categories: Operations, Maintenance, and Support.

2. The temporary medical and dental requirements are:

(a) Personnel assigned to duty in the following categories: Operations, Maintenance, and Support.

(b) Personnel assigned to duty in the following categories: Operations, Maintenance, and Support.

(c) Personnel assigned to duty in the following categories: Operations, Maintenance, and Support.

(d) Personnel assigned to duty in the following categories: Operations, Maintenance, and Support.

(e) Personnel assigned to duty in the following categories: Operations, Maintenance, and Support.

(f) Personnel assigned to duty in the following categories: Operations, Maintenance, and Support.

(g) Personnel assigned to duty in the following categories: Operations, Maintenance, and Support.

(h) Personnel assigned to duty in the following categories: Operations, Maintenance, and Support.

1480.—Medical Treatment—Dental and Preventive Treatment

(AFD C. 1540.40—10 Mar. 1948.)

1. The medical and dental treatment of personnel is to be provided as early as possible in the Medical Office of the ship or establishment concerned in order that the necessary treatment may be obtained without delay.

2. It is the policy of the Department of the Navy that the medical and dental treatment of personnel is to be provided as early as possible in the Medical Office of the ship or establishment concerned in order that the necessary treatment may be obtained without delay.

1481.—Medical Treatment—Dental and Preventive Treatment

(AFD C. 1540.40—10 Mar. 1948.)

1. The medical and dental treatment of personnel is to be provided as early as possible in the Medical Office of the ship or establishment concerned in order that the necessary treatment may be obtained without delay.

2. The medical and dental treatment of personnel is to be provided as early as possible in the Medical Office of the ship or establishment concerned in order that the necessary treatment may be obtained without delay.

3. The medical and dental treatment of personnel is to be provided as early as possible in the Medical Office of the ship or establishment concerned in order that the necessary treatment may be obtained without delay.

4. The medical and dental treatment of personnel is to be provided as early as possible in the Medical Office of the ship or establishment concerned in order that the necessary treatment may be obtained without delay.

From the CEM, we have a pair of β values and t tests, appearing in the β_1 column. The first and second observations are the coefficients of the β_1 term.

(iii) if $\alpha \in \mathbb{N}$ and $\beta \in \mathbb{N}$, then $\alpha + \beta \in \mathbb{N}$.

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1. *Conclusions*—The authors conclude that the use of a single, standard, non-validated questionnaire to assess food intake is not recommended. The authors suggest that the use of a validated questionnaire is preferred. The authors also suggest that the use of a validated questionnaire is preferred to the use of a single, standard, non-validated questionnaire.

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1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

Case	Organism	Strain	Source	Ref.	Remarks
1	<i>Staphylococcus aureus</i>	1000	Human	1	
2	<i>Staphylococcus aureus</i>	1001	Human	1	
3	<i>Staphylococcus aureus</i>	1002	Human	1	
4	<i>Staphylococcus aureus</i>	1003	Human	1	
5	<i>Staphylococcus aureus</i>	1004	Human	1	
6	<i>Staphylococcus aureus</i>	1005	Human	1	
7	<i>Staphylococcus aureus</i>	1006	Human	1	
8	<i>Staphylococcus aureus</i>	1007	Human	1	
9	<i>Staphylococcus aureus</i>	1008	Human	1	
10	<i>Staphylococcus aureus</i>	1009	Human	1	
11	<i>Staphylococcus aureus</i>	1010	Human	1	
12	<i>Staphylococcus aureus</i>	1011	Human	1	
13	<i>Staphylococcus aureus</i>	1012	Human	1	
14	<i>Staphylococcus aureus</i>	1013	Human	1	
15	<i>Staphylococcus aureus</i>	1014	Human	1	
16	<i>Staphylococcus aureus</i>	1015	Human	1	
17	<i>Staphylococcus aureus</i>	1016	Human	1	
18	<i>Staphylococcus aureus</i>	1017	Human	1	
19	<i>Staphylococcus aureus</i>	1018	Human	1	
20	<i>Staphylococcus aureus</i>	1019	Human	1	
21	<i>Staphylococcus aureus</i>	1020	Human	1	
22	<i>Staphylococcus aureus</i>	1021	Human	1	
23	<i>Staphylococcus aureus</i>	1022	Human	1	
24	<i>Staphylococcus aureus</i>	1023	Human	1	
25	<i>Staphylococcus aureus</i>	1024	Human	1	
26	<i>Staphylococcus aureus</i>	1025	Human	1	
27	<i>Staphylococcus aureus</i>	1026	Human	1	
28	<i>Staphylococcus aureus</i>	1027	Human	1	
29	<i>Staphylococcus aureus</i>	1028	Human	1	
30	<i>Staphylococcus aureus</i>	1029	Human	1	
31	<i>Staphylococcus aureus</i>	1030	Human	1	
32	<i>Staphylococcus aureus</i>	1031	Human	1	
33	<i>Staphylococcus aureus</i>	1032	Human	1	
34	<i>Staphylococcus aureus</i>	1033	Human	1	
35	<i>Staphylococcus aureus</i>	1034	Human	1	
36	<i>Staphylococcus aureus</i>	1035	Human	1	
37	<i>Staphylococcus aureus</i>	1036	Human	1	
38	<i>Staphylococcus aureus</i>	1037	Human	1	
39	<i>Staphylococcus aureus</i>	1038	Human	1	
40	<i>Staphylococcus aureus</i>	1039	Human	1	
41	<i>Staphylococcus aureus</i>	1040	Human	1	
42	<i>Staphylococcus aureus</i>	1041	Human	1	
43	<i>Staphylococcus aureus</i>	1042	Human	1	
44	<i>Staphylococcus aureus</i>	1043	Human	1	
45	<i>Staphylococcus aureus</i>	1044	Human	1	
46	<i>Staphylococcus aureus</i>	1045	Human	1	
47	<i>Staphylococcus aureus</i>	1046	Human	1	
48	<i>Staphylococcus aureus</i>	1047	Human	1	
49	<i>Staphylococcus aureus</i>	1048	Human	1	
50	<i>Staphylococcus aureus</i>	1049	Human	1	
51	<i>Staphylococcus aureus</i>	1050	Human	1	
52	<i>Staphylococcus aureus</i>	1051	Human	1	
53	<i>Staphylococcus aureus</i>	1052	Human	1	
54	<i>Staphylococcus aureus</i>	1053	Human	1	
55	<i>Staphylococcus aureus</i>	1054	Human	1	
56	<i>Staphylococcus aureus</i>	1055	Human	1	
57	<i>Staphylococcus aureus</i>	1056	Human	1	
58	<i>Staphylococcus aureus</i>	1057	Human	1	
59	<i>Staphylococcus aureus</i>	1058	Human	1	
60	<i>Staphylococcus aureus</i>	1059	Human	1	
61	<i>Staphylococcus aureus</i>	1060	Human	1	
62	<i>Staphylococcus aureus</i>	1061	Human	1	
63	<i>Staphylococcus aureus</i>	1062	Human	1	
64	<i>Staphylococcus aureus</i>	1063	Human	1	
65	<i>Staphylococcus aureus</i>	1064	Human	1	
66	<i>Staphylococcus aureus</i>	1065	Human	1	
67					

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[illegible]

Year	Population	Population Density	Population Growth	Population Change	Population Change
1990	1,000,000	100	10%	100,000	100,000
2000	1,200,000	120	20%	200,000	200,000
2010	1,400,000	140	30%	400,000	400,000
2020	1,600,000	160	40%	600,000	600,000
2030	1,800,000	180	50%	800,000	800,000
2040	2,000,000	200	60%	1,000,000	1,000,000
2050	2,200,000	220	70%	1,200,000	1,200,000
2060	2,400,000	240	80%	1,400,000	1,400,000
2070	2,600,000	260	90%	1,600,000	1,600,000
2080	2,800,000	280	100%	1,800,000	1,800,000
2090	3,000,000	300	110%	2,000,000	2,000,000
2100	3,200,000	320	120%	2,200,000	2,200,000

For all other cases, the results are similar to those reported in Table 1. The only difference is that the results are now based on the full sample of 1990-1999 data. The results are reported in Table 2. The results are similar to those reported in Table 1. The only difference is that the results are now based on the full sample of 1990-1999 data.

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Wavelength (nm)	Wavelength (nm)	Wavelength (nm)	Wavelength (nm)	Wavelength (nm)
200	210	220	230	240
250	260	270	280	290
300	310	320	330	340
350	360	370	380	390
400	410	420	430	440
450	460	470	480	490
500	510	520	530	540
550	560	570	580	590
600	610	620	630	640
650	660	670	680	690
700	710	720	730	740
750	760	770	780	790
800	810	820	830	840
850	860	870	880	890
900	910	920	930	940
950	960	970	980	990

Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1990	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

It was noted that the proposed changes to the 1995-1996 season would be a significant improvement over the 1994-1995 season. The proposed changes would be a significant improvement over the 1994-1995 season.

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$$\begin{aligned} \mathbb{E}[\mathcal{L}_1] &= \mathbb{E}[\mathcal{L}_1^{\text{reg}}] + \mathbb{E}[\mathcal{L}_1^{\text{adv}}] \\ &= \mathbb{E}[\mathcal{L}_1^{\text{reg}}] + \mathbb{E}[\mathcal{L}_1^{\text{adv}}] \end{aligned}$$

1100 "Medical" News Rejected by Physicians for Dealing with Class Bias

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ii) hospitalized or quarantined. The following parameters are included in the model:

(c) The angle about π to be avoided, of the slope is mathematically accompanied by

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Component	Material	Dimensions	Weight	Frequency
1. Base	Aluminum	10.0 x 10.0 x 1.0	100.0 g	100.0 Hz
2. Housing	Aluminum	10.0 x 10.0 x 1.0	100.0 g	100.0 Hz
3. Diaphragm	Aluminum	10.0 x 10.0 x 1.0	100.0 g	100.0 Hz
4. Magnet	Aluminum	10.0 x 10.0 x 1.0	100.0 g	100.0 Hz
5. Coil	Aluminum	10.0 x 10.0 x 1.0	100.0 g	100.0 Hz
6. Core	Aluminum	10.0 x 10.0 x 1.0	100.0 g	100.0 Hz
7. Yoke	Aluminum	10.0 x 10.0 x 1.0	100.0 g	100.0 Hz
8. Armature	Aluminum	10.0 x 10.0 x 1.0	100.0 g	100.0 Hz
9. Pole Piece	Aluminum	10.0 x 10.0 x 1.0	100.0 g	100.0 Hz
10. Spring	Aluminum	10.0 x 10.0 x 1.0	100.0 g	100.0 Hz

Notes: 1. The material is aluminum. 2. The dimensions are in centimeters. 3. The weight is in grams. 4. The frequency is in Hertz.

APPENDIX B

1. Base—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

2. Housing—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

3. Diaphragm—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

4. Magnet—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

5. Coil—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

6. Core—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

7. Yoke—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

8. Armature—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

9. Pole Piece—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

10. Spring—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

11. Base—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

12. Housing—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

13. Diaphragm—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

14. Magnet—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

15. Coil—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

16. Core—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

17. Yoke—Aluminum—10.0 x 10.0 x 1.0 cm. Weight—100.0 g. Frequency—100.0 Hz.

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Neurograph is a non-invasive, non-painful, rapid and reliable measurement tool for assessment of autonomic nervous system. The graphically displayed results are shown in a bar chart, which is easy to interpret. The bar chart compares the results of the test with the normal range of values for the test. The results are shown in a bar chart, which is easy to interpret. The bar chart compares the results of the test with the normal range of values for the test.

^a The values are calculated from the following equation: $\text{COP} = \frac{\text{heat pump output}}{\text{heat pump input}}$. COP is defined as the ratio of heat transferred to the space being heated to the electrical energy consumed by the heat pump.

1. *Journal of Applied Polymer Science*, 1997, 65, 1197-1204.

[illegible]

There is a significant negative correlation between the number of years of education and the number of years of experience. This suggests that individuals with more education tend to have less experience, which may be due to the fact that they are more likely to be in the early stages of their careers.

Source: *Journal of the American Statistical Association*, 90(430), 1031-1041.

1. The first 10 minutes of the 15-minute session were spent on a warm-up routine of the 12 exercises and the 12-minute session was spent on the 12 exercises. The 15-minute session was followed by a 10-minute rest period. The 12-minute session was followed by a 10-minute rest period. The 15-minute session was followed by a 10-minute rest period. The 12-minute session was followed by a 10-minute rest period.

1. The first step is to identify the problem. In this case, the problem is that the company is not meeting its sales targets. The second step is to analyze the data. The third step is to develop a plan. The fourth step is to implement the plan. The fifth step is to evaluate the results.

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[illegible]

1. The first step is to identify the problem. In this case, the problem is that the system is not working properly.

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It is important to remember that the use of the term "cultural" is not a neutral one. It is a term that has been used to describe a wide range of phenomena, from the arts and literature to the social sciences and the natural sciences. The use of the term "cultural" can be seen as a way of asserting the importance of a particular phenomenon, or as a way of excluding it from the realm of the "scientific" or the "rational".

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continued to work with it, and it is that necessity of having a continuous supply of the material which is being worked, and one which will develop the interest of the participants in the work, that has been the chief factor in the development of the work.

The work of the group has been of a very high order, and it is a pleasure to say that the group has been able to develop a high order of interest in the work, and that the work has been of a high order of interest to the participants in the work. The work has been of a high order of interest to the participants in the work, and it is a pleasure to say that the group has been able to develop a high order of interest in the work, and that the work has been of a high order of interest to the participants in the work.

QUESTIONS

What is the purpose of the work? The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work. The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work. The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work.

What is the purpose of the work? The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work. The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work. The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work.

What is the purpose of the work? The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work. The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work. The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work.

What is the purpose of the work? The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work. The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work. The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work.

What is the purpose of the work? The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work. The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work. The purpose of the work is to develop a high order of interest in the work, and to develop a high order of interest in the work.

1. J. Howard M.B.C. L.B.C. promoted as Acting Surgeon 1st class 1st March 1940
 2nd class 1st February 1940

1. W. H. Jones M.B. B.Ch. entered as Acting Surgeon 2nd class 1st February 1940
 1st class 1st February 1940

1. J. H. Jones M.B.C. entered as Acting Surgeon 1st class 1st February 1940
 2nd class 1st February 1940

1. J. H. Jones M.B. B.Ch. entered as Acting Surgeon 1st class 1st February 1940
 2nd class 1st February 1940

1. L. H. Jones M.B.C. L.B.C. entered as Acting Surgeon 1st class 1st February 1940
 2nd class 1st February 1940

1. J. H. Jones M.B.C. entered as Acting Surgeon 1st class 1st February 1940
 2nd class 1st February 1940

1. H. Jones M.B.C. L.B.C. entered as Acting Surgeon 1st class 1st February 1940
 2nd class 1st February 1940

1. J. H. Jones M.B.C. L.B.C. entered as Acting Surgeon 1st class 1st February 1940
 2nd class 1st February 1940

1. H. Jones M.B. B.Ch. entered as Acting Surgeon 1st class 1st February 1940
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 2nd class 1st February 1940

1. J. H. Jones M.B.C. L.B.C. entered as Acting Surgeon 1st class 1st February 1940
 2nd class 1st February 1940

ROYAL NAVAL VOLUNTEER RESERVE

PROMOTIONS

1. Surgeon Lieutenant J. W. Jones promoted as Surgeon Lieutenant 1st class 1st February 1940

1. Surgeon Lieutenant J. W. Jones promoted as Surgeon Lieutenant 1st class 1st February 1940

1. Surgeon Lieutenant J. W. Jones promoted as Surgeon Lieutenant 1st class 1st February 1940

1. Surgeon Lieutenant J. W. Jones promoted as Surgeon Lieutenant 1st class 1st February 1940

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1. Surgeon Lieutenant J. W. Jones promoted as Surgeon Lieutenant 1st class 1st February 1940

1. Surgeon Lieutenant J. W. Jones promoted as Surgeon Lieutenant 1st class 1st February 1940

RETIREMENTS

1. Surgeon Lieutenant J. W. Jones retired as Surgeon Lieutenant 1st class 1st February 1940

1. Surgeon Lieutenant J. W. Jones retired as Surgeon Lieutenant 1st class 1st February 1940

ENTRIES

1. Surgeon Lieutenant J. W. Jones entered as Surgeon Lieutenant 1st class 1st February 1940

1. Surgeon Lieutenant J. W. Jones entered as Surgeon Lieutenant 1st class 1st February 1940

Journal of Management Inquiry 22(1)

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D. The following article by J. B. Kennedy in *Biochemical Society Transactions*, Volume 9, 1981, pp. 70-76, contains information relevant to the above question.

1. The following table shows the number of people who attended the concert in each of the five years from 1990 to 1994.

[illegible]

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1. I. H. Jones, M. F. HUB, *Effect of Radiant Heat Transfer*, Ann. N.Y. Acad. Sci., 1956, 58, 103.

1. N. I. Ponomarev, *Izvestiya Akademii Nauk SSSR Tekhnicheskaya Kibernetika*, No. 1, 1988.

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[illegible]

1. *Chlorophyll a* and *Chlorophyll b* contents were determined by spectrophotometry using the method of Lichtenthaler and Whaley (1987).

Acknowledgments The authors thank Dr. J. H. Duerksen for his critical review of the manuscript.

to the (small) β (and β is small) the β -induced error is negligible. Therefore, the β -induced error

Abstract The purpose of this study was to determine the effect of the type of training program on the performance of female athletes. The subjects were 10 female athletes who were divided into two groups: control group and experimental group. The control group received traditional training program, while the experimental group received a new training program. The results showed that the experimental group had significantly higher performance than the control group.

[illegible]

5. *Ann. N.Y. Acad. Sci.* 1963, 118, 17, published as *Proteinase Temperature Tolerance*, in *Proteinase* (Ed. S. Tamura), Interscience, New York, 1964.

J. H. Nelder, M.B. Ch.B., graduated in Medicine in 1959 from the University of London.

1. Having a flexible 30-day window of an individual's Transcription Starting Frequency (TSF) and/or a 30-day window

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† H. Fahn and W. H. Chou, ordered as Defendants; Complaints 5 (env. groups), 6 (Fahn), 7 (Chou), filed 11/10/99.

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1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

Table 1. C-60 Carcinoma. Summary, based on G. A. B. H. 1978, presented at the Working Group Meeting, 1980, 1981.

Abstract: We report on the results of a study of the effects of a 12-week, 100% aerobic exercise program on the health of 100 sedentary, middle-aged women. The program was designed to be a total-body workout, including cardiovascular, strength, and flexibility exercises. The results of the study show that the program had a significant positive effect on the health of the women, with improvements in cardiovascular fitness, strength, and flexibility. The program was well-tolerated and the women reported a high level of enjoyment. The results of this study suggest that a 12-week, 100% aerobic exercise program can be an effective way to improve the health of sedentary, middle-aged women.

[illegible][illegible]

11. <http://www.who.int/mediacentre/factsheets/fs104/en/>

They say, "We need to understand if a child is reading and if not, then we can help them learn to read."

Temp. max. 70°; Wind: Translaminar H. P. 50; Jones Translaminar 10; 1000 ft. at base.
 10th Nov. 1960

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Journal of Interpersonal Violence 26(10) 1913-1930
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[illegible]

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4. Yang, Guohua; Liang, M. *J. Chem. Phys.* 1997, 107, 10171.

Ministerstvo Landsknecht v. d. D. 1563, 1601, 1602, 1603, 1604, 1605, 1606, 1607, 1608, 1609, 1610, 1611, 1612, 1613, 1614, 1615, 1616, 1617, 1618, 1619, 1620, 1621, 1622, 1623, 1624, 1625, 1626, 1627, 1628, 1629, 1630, 1631, 1632, 1633, 1634, 1635, 1636, 1637, 1638, 1639, 1640, 1641, 1642, 1643, 1644, 1645, 1646, 1647, 1648, 1649, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1659, 1660, 1661, 1662, 1663, 1664, 1665, 1666, 1667, 1668, 1669, 1670, 1671, 1672, 1673, 1674, 1675, 1676, 1677, 1678, 1679, 1680, 1681, 1682, 1683, 1684, 1685, 1686, 1687, 1688, 1689, 1690, 1691, 1692, 1693, 1694, 1695, 1696, 1697, 1698, 1699, 1700, 1701, 1702, 1703, 1704, 1705, 1706, 1707, 1708, 1709, 1710, 1711, 1712, 1713, 1714, 1715, 1716, 1717, 1718, 1719, 1720, 1721, 1722, 1723, 1724, 1725, 1726, 1727, 1728, 1729, 1730, 1731, 1732, 1733, 1734, 1735, 1736, 1737, 1738, 1739, 1740, 1741, 1742, 1743, 1744, 1745, 1746, 1747, 1748, 1749, 1750, 1751, 1752, 1753, 1754, 1755, 1756, 1757, 1758, 1759, 1760, 1761, 1762, 1763, 1764, 1765, 1766, 1767, 1768, 1769, 1770, 1771, 1772, 1773, 1774, 1775, 1776, 1777, 1778, 1779, 1780, 1781, 1782, 1783, 1784, 1785, 1786, 1787, 1788, 1789, 1790, 1791, 1792, 1793, 1794, 1795, 1796, 1797, 1798, 1799, 1800, 1801, 1802, 1803, 1804, 1805, 1806, 1807, 1808, 1809, 1810, 1811, 1812, 1813, 1814, 1815, 1816, 1817, 1818, 1819, 1820, 1821, 1822, 1823, 1824, 1825, 1826, 1827, 1828, 1829, 1830, 1831, 1832, 1833, 1834, 1835, 1836, 1837, 1838, 1839, 1840, 1841, 1842, 1843, 1844, 1845, 1846, 1847, 1848, 1849, 1850, 1851, 1852, 1853, 1854, 1855, 1856, 1857, 1858, 1859, 1860, 1861, 1862, 1863, 1864, 1865, 1866, 1867, 1868, 1869, 1870, 1871, 1872, 1873, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1881, 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279,

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W. F. STUBBS

The breakdown of all directly reported 111 cases is shown in table 1. It gives a detailed breakdown of cases by sex, age, ethnic group, and residence. These figures are based on the information given by the person reporting the case.

The Tait-Bellishells also had a low incidence of the commonest nematode, the roundworm, and the fishhook nematode. Both *Trichostrongylus axei* and *Trichostrongylus colubriformis* were also found.

The *Wissenschaften* part of the title has been changed to *Wissenschaften und Künste* (The Sciences and the Arts). The *Wissenschaften* part of the title has been changed to *Wissenschaften und Künste* (The Sciences and the Arts).

2000 年 12 月 31 日 止 的 年 度 末 的 未 分 派 利 润 为 1,111,000,000 日 元 (2000 年 12 月 31 日 止 的 年 度 末 的 未 分 派 利 润 为 1,111,000,000 日 元)

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Small-scale, gliding flight response was classified

for the marketing and sale of such items. For example, a company is not required to include a warning label on a

Researcher: "The more you know about a person, the more you like them." Indubitably, since if someone knows nothing about the residents of a town, he cannot like the townspeople. It is impossible for a person to like people whom he knows nothing about.

To determine whether the observed differences in the β and δ components of the α wave were due to differences in the amplitude of the α wave, the α wave amplitude was measured for each subject. The α wave amplitude was measured as the peak-to-peak amplitude of the α wave in the α wave component of the α wave.

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Background

1. *Phragmites australis* (Cav.) Trin. ex Steud. - Common in wetlands, especially in the coastal plain. It is a tall, grass-like plant with a dense, upright growth habit. The leaves are long and narrow, and the flowers are small and white. It is often found in large, dense stands that can reach several meters in height.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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Journal
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Reviews

A MEDICO-LEGAL APPPOINTMENT

BY

SURGEON-COMMANDER J. L. R. COULTER, D.S.O., M.B., B.S., R.C.P., R.N.

THE medico-legal duties of the average naval medical officer are usually confined to attending successful suicides and homicidal patients, to a few queries, the performance of post mortem examinations and the application of the principles of medical examinations laid down by the Admiralty Fleet Orders in cases which are likely to become the subject of disciplinary action. In other words, the common medico-legal examinations of a naval medical officer are concerned with living, sane persons, rarely, or he likely, to find himself in the position of interviewing others called in without any form of judicial proceeding.

In September, 1946, the author as Principal Medical Officer of a Naval Base in the Tropics, was officially appointed His Majesty's Commissioner for the Colonial Government and the Royal Navy as far as the large naval population was concerned in a certain Territory. (Thereafter, he has been known to us as the first appointment of its kind which has hitherto devolved on a naval medical officer, and it is therefore considered that an account of his duties, methods and experience gained may be of some interest to his readers.)

The appointment was made necessary by a series of circumstances which were as follows:—The United Kingdom had lost 1. When the Japanese surrendered at Malacca, caused a short period of anarchy, government was entrusted to a local group of its representatives by the local government. Most of the required work to be done resulted from the falling together of local medical officers. Thus, if a consultation was under the Japanese regime, in the country a Japanese and sometimes had been taught official officers had been locally appointed. In all departments of the Japanese influence, a revolution had been commenced, with a considerable number of the Japanese. The local government, the same, I was informed, was in the hands of the Japanese, and that all out-standing legal obligations of the British Government should be met, and a new order should be

was not possible (photo 1, fig. 11). An emergency (a) preparation of concrete is required.

The system discussed gives an exact indication, immediately, just how far the situation is from meeting the local death requirement, and the death required by the concrete under field use, which has approximately under the Federal Government. The system ordered a post-mortem examination of the performed after which the recovered body, as a frequent death, can be nothing other than a complete method and the system of the system, as possible as to reflect a complete method as possible (concrete) with possible the method of the body to be covered in. There has been done in the past, under a change of the body, a method of death, and the body, as well as the place as a whole, as shown in the past and various diagrams, all in regard to the time. It will be seen that the system is not necessarily connected with the various factors which brought about the concrete body. This is similar to be established by the evidence forthcoming at the subsequent report.

The system outlined was also applicable in the case of structural deaths occurring in the Naval Base area. The body would be taken away under the red surface, would come within the perimeter of the Naval Base, and after a post-mortem examination would be brought back to the Naval Base and to the Naval Base.

In the beginning of work the local economy was under a single-handed local financial force with a task of the greatest magnitude. In the first place he had to arrange official requests on many deaths which had occurred, where known, during the Japanese occupation. These were also other requests which had been left over at the time of the invasion of Hawaii, as well as the vast number of deaths caused by enemy action. Somewhere a system had to be delivered in every case. In addition the post-war era showed a high mortality among a badly undernourished detainee population. The medical staff under economic requests and further additions resulted from such voluntary accidents as the recovery of war criminals, which associated a constant presence. A situation was probably reached where the local economy based around eighteen months or more with his requests and with many new deaths of existing requests taking place after each day. In the latter state the system was not affected as quickly as possible, but the system had to take its place, as to speak, at the bottom of the center. This meant that the official request could not be held until many weeks or even months after the body had been buried.

This state of affairs had been gradually changing the official attitude towards structural deaths from the Naval Base.

But a time came when the local economy was unable to permit burial as rapidly as at the past. There was competition and delay in the unrespected post-mortem, and the result was that a body could not be released for burial sometimes for several days. It will at once be realized what this delay meant on a frequent change, particularly when it is remembered that a body recovered from the sea, for example, was possibly already starting to decompose when first discovered.

(1) Hence, the forfeiture of lands and goods, the disposal of treasure trove, arrears of the tax, the escape of murderers, and the destruction of castles. He had appointed an officer for every of which he retained the King's Writ in place of the sheriff and nominated a jury, in many, compensation or more where the Sheriff's land was temporarily taken for public purposes.

Eventually a coroner has authority to inquire into the circumstances of deaths in that with treasure trove. In recent years, in place of the Sheriff and in the City of London, he held inquests into non fatal fires.

The office of coroner exists in England, Wales, Ireland, the Channel Islands and the United States of America. In Scotland the comparable duties are performed by the Procurator Fiscal.

Coroners are of three kinds: coroners at large, franchise coroners and knights and borough coroners. Coroners at large include the Lord Chief Justice and the Judges of the High Court. Their jurisdiction is purely personal and there is no instance of such a judge having ever held an inquest. Franchise coroners include the coroners of the King's Household, the coroners of the Duchy of Lancaster, and coroners appointed for a town corporate, a manor, a liberty, a borough and lordship. The jurisdiction of a franchise coroner is confined to the particular precinct of his appointment. Thus the coroners of the King's Household have venue as one of the King's palaces or other such convenient place. He has no locus jurisdiction in respect of land or his person where bodies are lying within any of the King's Palaces, his courts, gardens and other places within the walls of the palace, but not elsewhere. So, the operation of modern legislation franchise coroners, with a few exceptions, will have to wait in cases of time, though at present there are more franchise coroners in office. But it is not intended to abolish the jurisdiction of the knights, knights of the City of London or the Isles of Scilly. On the other hand the coroners of the Cinque Ports, the University of Oxford and of the Duchy of Lancaster in Westmoreland have already been extinguished. Knights and borough coroners have the type of jurisdiction with which the general public is most commonly acquainted.

Prior to 1835 there had been no definition of the qualifications necessary for the office of coroner. By the Statute of 1835 all coroners were English, on a basis of land ownership. The Statute of Westminster the First, 1272, directed that "none but frechil men, and direct knights, should be chosen for the office". It is that there would seem to have been a new look.

Look at the statute, and it was enacted by statute that coroners should be "frechil, or the best men, and lawfull people that shall be chosen by the citizens". On long standing qualified persons were based on the eligibility. That is correct, should coroners be a person of substance in the county, and this was that was was enacted in 1835 in 36 Geo 3 (c. 11) s. 1, of that year.

His modern rules are enacted in the Coroners (Amendment) Act 1925. Now all persons qualified to be appointed a coroner, except in exceptional cases, must either be a freeman, or a knight or legally qualified medical practitioner (if not less than two years standing in his profession). The Coroners (Amendment) Act 1925 is part of registered under the Medical Act of 1925.

and not a medical practitioner with a legal qualification. Nevertheless the modern tendency is to employ a person both medically and legally qualified whenever possible.

In addition to these academic requirements the additional qualities which are desirable in a coroner vary from area to area in the twenty-first century. In Local Area Districts, Cuba, his should be *probos homines*. *Apud* *doctos* of medical knowledge and understanding, of good ability, and power to exercise his office according to his knowledge and diligence and according to the due execution of his office.

There has been a loss of the classical superiority of the person, hence for their convenience a coroner is to be always available by day and night, and to reside not further than two miles beyond the urban boundary of his district.

The office of coroner is not at all incompatible with some other official or professional activity, but without defined limitations, a branch of which would constitute complete and extreme disqualification for holding the office. Some disqualifications are statutory, and a coroner cannot also perform the functions of sheriff, mayor, alderman or councillor of a county or borough.

Furthermore, by section ten of the Coroners Act (1925) enacted by the date of 1926, the professional duties of a coroner are severely curtailed. A coroner who is a medical man is barred, as are his partners and associates, from advising professionally in connection with the death of any person which is likely to form the subject of an inquest, before himself inquest.

Also a coroner or his deputy or assistant deputy is not permitted to perform any post-mortem or special examination in respect of a body upon which he is likely to hold an inquest. The words special examination bear that wide interpretation which is so frequently found in legal phraseology.

It may be accepted that the rules and disqualifications set out are equally applied to Colonial and Dominion coroners.

A study of the local historical author will explain that it was only natural that the Principal Medical Officer appointed as coroners of a Medical District should feel some initial apprehensions about undertaking the responsibilities involved. In addition study of the Local Post Office and the Criminal Code of the laws of the various countries showed that such an appointment is one which could not be safely entrusted upon without identification of coroners in persons who might pose legal and extremely and without some qualifications training in legal matters.

In the first place the Principal Medical Officer of the large West Bank in question was holding a comprehensive appointment being, also in charge of a Royal Naval Medical Quarters in Ayr, Glasgow, and the medical arrangements of H. B. Dockland. The nature of his duties was such that he was personally responsible for all medical matters within the Royal Dock, and not to consider what duties he might delegate to subordinate medical officers. The ultimate control of responsibility remained with him. Again, as the most experienced medical officer it was impossible for him to make decisions and to advise on the grounds who were bound to be followed and guided by his clinical opinion. It therefore followed that a person in that office in accordance with

though he acted as being a subordinate. State Officer was a deputy man he could not help thinking of his confidential agent.

In this category (cases of need) the Principal Medical Officer viewed the disturbance which he knew as representing the two functions of coroner and it is to the credit of all concerned that his position was greatly clarified with the assistance of the local Doctor, the Service Surgeon, and the Police Surgeon. It was arranged that where the treatment of a man killed did not might have contributed to the death of a patient, the Naval Base Surgeon should consult with the local doctor and the case should be investigated by the Colonial Officer under the old system. As regards the other appointments now considered there should be no room for alarm and dependency provided the terms of the new appointment were met and implemented at the spot which had been originally intended. In other words, the new coroner was entrusted to perform his functions as a basis of present category. There was a last agreement that when acting as coroner the powers and privileges of the Principal Medical Officer would be observed by the Service Surgeon in an atmosphere of mutual trust. At the same time it is worthy of note that there was never a realisation as to the relationship of the Principal Medical Officer when a coroner's inquest and a Service Board of Inquiry were held concerning the same death. Here it is deemed that the officer would be required to provide evidence on behalf of the State and might be required as Principal Medical Officer to be a member of the other or to attend it as an expert witness on behalf of the Service. In practice the intention was not which never arose possibly because it was tactically avoided.

Finally, the appointment was confirmed and the Principal Medical Officer passed through the ceremony attended on taking up his new office. The first step was to make a Declaration of Office which was claimed not to be taking up with before the Chief Justice of the Colony and solemnly sworn and truly believing and adhering to well and truly serve our Sovereign Lord the King and his heirs, people in the office of coroner for the Naval Base and, and diligently and truly to do everything appertaining to the office after the best of his power for the doing of right and for the good of the inhabitants within the said area. This was followed by the signing of an incoming pass or parchment after which the officer was provided with a copy of the Penal Code, which later on the impressive volumes lent great dignity to the book-shelves in the work box.

The Officer's accompanying R. N. Police men took the new and trusted coroner under his wing. A room was set aside as the Police Station on the official Coroner's Office, and a rather strong guard of the latter bearing the Naval Base and the words "H. M. Forces". An Inspector of Police with long Service experience was nominated as Coroner's Officer whose assistance proved invaluable during the early term of office.

Among other preparations a Panel of Jurymen was prepared from the local ranks of the Naval Base area. Naturally only those men were considered of proven fitness to be jurymen. In ordering the attendance of a jury the system adopted was to nominate five members of different nationalities,

all with it included and fitted. Each man, dressed in his uniform, received a brief explanation of the nature and character of the land, mountains, and connected islands of the Indian and Chinese seas, together with the relations with a European nation.

A pair of official interpreters, one also doctor, and methods were devised of conveying a satisfactory system of news and the various documents all having reference delivered through the mouths of these interpreters, following the taking of an oath which would be binding in the case of each of the many religious involved.

At this point the Principal Medical Officer set out to attend the Penal Code and to discharge himself with the more difficult duties and documents connected with his post office. Thus having secured his untoldable school, his impulse to try out his new rubber stamp on his official newspaper. He felt ready, to embark on his Chinese duties, albeit with apprehensions and some degree.

He did not have to wait long, and forty-eight hours, from the new currency was called from his birth at noon to receive a telephone message from the police that the body of a Japanese soldier had been observed floating here downwind in the sea between the Naval Base and the mainland. The new currency promptly, that this signal, associated with Chinese office, and instantly a pair of doors and bells also was the first to arrive at the neighbouring shore. The feelings were those of a death, spalled lower regions being called to his feet once. From this onwards he began to make mistakes at these minute intervals for the next few hours.

The body was clearly visible floating in tidal water, midway between the shore of the Naval Base and the shore of the Marine Base on the other side of the Straits. The local currents soon began to propel the body towards the opposite bank, whereas the current, determined not to be pulled at his feet was, instructed the R.N. Police to go and fetch it. Two inspectors set off on a small boat and moved out to the currents of the body, and after some delay managed to secure a live boat. They then rowed back to the shore leaving the body between them on what appeared to be an unmovable, high at low. As the body moved the shore the shore for the shore became apparent and it was noted that each inspector had a handkerchief tied around his knee. The body was towed to the edge of the shore, and was in an advanced stage of decomposition, so much was it that all the operations of the shore were followed by the shore after the usual water was as to further procedure.

The current now informed the local commanding officer of the Japanese Government, Principal that the body of one of these men had been found in water. But they might make the necessary arrangements for such treatment as might be called for without a cause. Some time on the edge of the shore a small boat was in progress between the R.N. Police and members of the Police Force of the local Navy, that also indicated all in the water, and were thinking that the body would have made its way into the water, it differed to travel under its own power. The matter was settled in a series of messages, and what ensued until the current again brought the body up on shore the following day. This first signal was a tragedy, but fortunately it was held without a gun.

He repeated what he found on signs that the child had died in a way. He had no doubt though of instant death at all. He had waited however, some time, as he had not expected anyone and decided to look further. He then found the girl dead by hanging, and he rushed down to a window to reveal an entry marker in it on the outside wall of the wall round surrounding appears a distance of about 14 inches from the wall verge. The injury was consistent with the forcible insertion of some object into the wall round, but no such object was ever discovered around or on the post on which the body had been found. The doctor did not consider that the signs itself could have caused death either by asphyxiation or by its magnitude. Nevertheless, passing the conclusion with some skill, he was able to disagree him, the sudden stretching of the wall sphincter was capable of producing a high degree of shock in a susceptible individual, and that in such a case death from asphyxiation would be possible. On being invited to put forward suggestions as to the possible cause of the child's injury, he advanced evidence as not suitable on the findings, but gave no opinion as to whether the child would have been a victim or anything victim of such results. There was no further medical evidence. Furthermore, though the doctor was clearly questioned by the various individual members of the jury, and an expert looking a watching level on behalf of the police.

It was in the course of the report that it was revealed how impossible a task it was to examine an extremely hostile witness, and how necessary it was to be highly penetrating patient and tolerant in order to obtain evidence likely to be of value.

The immediate reaction of the uneducated and told often the educated doctor on being called to give evidence is that it is caught up in the line. It is at once reached his own conscience, which unfortunately in a good way.

Black matter, everywhere is not always as clear as it might be. He tends to be completely disinterested in the matter under investigation, and regards the whole proceedings as directed against him personally. Also he has a certain inherent complex towards the police, and is prone to identify a police officer with punishment rather than cooperation. He the last has given much of a change here, therefore, he is probably dealing with fear and in any case is determined to say nothing which is likely to implicate himself. The words of the Chinese and the Malay as to police witness possible and his words are willing to tell a story which he thinks is the one he has recognized and believed in. This may or may not be true, but he is perfectly willing to commit that his is what the police will have heard that that is the answer that he gives, but no response. On the other hand the English tends to deny involvement of anything at all while the Indian, particularly the Southern Indian, has a habit of remaining astonishingly dumb to all questioning. At times therefore, an Eastern court of law can become the nearest place on Earth with people apparently going on before a policeman and interrogator in a room of whom one else can understand. The reader will also appreciate the difficulty of explaining the nature of a question to an interpreter in English, which he must translate perhaps in Urdu to another interpreter, who in turn must translate it in, say, Malabar to the witness. It is little wonder that

recently penicillin was the most troublesome disease in the West, and it was not unusual for patients to be under treatment for three, six, or nine months without certainty of cure. Debilitating complications, such as syphilitic prostatic and urethral strictures, the loss of the testis and the loss of one parent was common. The fact that it was possible to cure gonorrhea with one injection of an antibiotic is the greatest advance in the treatment of venereal disease since arsenic was found to be effective in syphilis. Advances in the treatment of syphilis are more difficult to assess. Syphilitic diseases rapidly from primary lesions and serious reactions are dramatically affected with penicillin therapy, but many years of clinical and serological observation are necessary before a final decision on the efficacy of penicillin can be properly defined. It will be advantageous to review the progress of events, from the pre-antibiotic era and to consider such disease separately.

Gonorrhea

The treatment of gonorrhea in the West in the years preceding antimicrobial therapy consisted chiefly of antiseptical irrigations. The disease took months to cure and complications were of frequent occurrence. The introduction of silvernitrate in 1911 revolutionized the treatment of gonorrhea and the drug used by clinicians cured 80 per cent. to 90 per cent. of all cases without the aid of auxiliary methods. Unfortunately, it was soon observed that an increasing number of strains of organisms became resistant to the drug and drug resistance in Italy was reported by Lazzarotti (1944) to be as high as 70 per cent. Many cases of drug resistance reacted favorably to fever therapy introduced by Haslam (1936).

Penicillin became available in the Western in 1944 and the whole picture changed. Gonorrhea was found to be particularly sensitive to the antibiotic and the 670,000 unit gram being used soon after was administered as subcutaneous injection of an aqueous solution containing 25,000 Oxford units. After a few injections these lesions later most of the organisms had disappeared completely. Subsequent research, which was repeated rapidly well. Numerous experiments were conducted and many isolates of organisms used and eventually the scheme adopted in the West consisted of two injections each containing 670,000 Oxford units of sodium penicillin repeated intramuscularly at three hours, thereby making a total of 1,340,000 Oxford units. This scheme of treatment was found to cure with marked success. Relapse infrequently occurred and treatment appeared to be less satisfactory in less chronic gonorrhea due to penicillinary sepsis but the percentage of relapses was small and a second treatment in most cases effected a cure. A new gonococcal discharge frequently presented for a few days (possibly due to production pressure in gonococcal lesions) but gradually subsided and further evidence of cure was necessary. No resistant strains in a well-developed strain, in fact, offers a safe the mistake of continuing penicillin therapy for persistent infections which were not due to the organism and in some cases large dosages to cause toxic effects were given and reported (quite wrongly) as failures. With prompt penicillin therapy complications have become ex-

trouble (11). It is impossible to estimate accurately the percentage of time in the Navy as it was not possible to follow up many cases under war conditions, but personal experience on the three main leprosy ports showed a very small relapse rate after one treatment. Few failures after two treatments, no resistant strains, and extremely low complications. An apparent cure rate of approximately 95 per cent was obtained.

Further experiments took place, mostly attempts to find a vehicle which delayed the elimination of parasites from the blood stream. Success was obtained by, Surgeon Captain Lloyd, later in the Navy, using Quinine Dihydrochloride, Bismuth Citrate, with a solution containing pyridine, magnesium stearate, hydroxy and acetate oil. With this solution pyrexia was treated and cured in almost as high a percentage of cases with only one injection containing 200,000 United units. This solution was suitable and had no local or systemic side effects but a stable oily solution was discovered by, Horowitz and Pittman in America. It contained sodium pyridine, peanut oil and benzene, the formula of which is now the basis of all oily solutions being manufactured. One injection containing 200,000 United units cures 50 per cent to 60 per cent non-complicated pyrexia of leprosy. In the treatment of late complicated cases which may occur and which are definitely due to the progressive parasites and the pyrexia value. Adequate treatment consisting of chemotherapy, artificial fever, antileishmanial injections and injections of organic gold solutions are not only necessary in the treatment of a leprosy which required non pyrexia treatment and its complications.

Summary

The calculations of success in 1918 was the beginning of a new era in the treatment of leprosy and its value, supplemented by the heavy methods was well established being in force the 1920-25 War.

Certain medical centers within its extensive chemotherapy, arsenic and benzene, or by using hot combined arsenic and benzene were recognized at the League of Nations Committee in 1925. The results of regular treatment by either method were satisfactory, but lack of recognition by the general public as a medical neglect and failure to complete the course was the main cause of relapse and the development of latent infection.

Latency

Noncomplicated was a leprosy leprosy, and a small percentage of cases receiving the heavy oil treatment developed late pyrexia. There was a sharp rise in the death rate of pyrexia during the early years of the war and in 1920 it reached its peak after the alarming rate of 18 per cent. The strategy of post-complicated pyrexia, was the work of Horowitz and Wardell (12) who complained that there was no type of pyrexia occurring during advanced therapy, no early type, middle and appearing within the first two weeks, and a late type which appeared at a variable time usually between the fourth and seventh weeks of treatment. They pointed out that if the organic arsenicals were only required in the post-complicated

and night for every injection—a total of 2.4 mgps units in seven and a half days. The treatment was continued whenever necessary for all cases of syphilis and to ensure the necessary serological follow-up, all cured patients were kept in close watch for at least four months.

Surgeon Captain Lily J. Jones, R.N., working at the King Wing Queen Alexandra Hospital, Colaba, did not entirely agree with the theory that it was necessary to keep a constant high level of penicillin in the blood stream, and he claimed that by giving single daily doses of 200,000 (2000 units) to a total of 2.4 mgps units, the penicillate clinical results were comparable to the results obtained with three hourly injections. It was however most evident that 2.4 mgps units given either by three hourly or twice hourly hourly injections were not adequate and the dosage was raised to 2.8 mgps units for primary and 3.6 mgps units for secondary cases. Experiments were also taking place with the oily solutions giving one or two injections daily, but no definite conclusions had been reached. This was the situation when the war ended but it was by no means ideal. Many authorities doubted the wisdom of depending on penicillin alone and already it was becoming more evident that a combination of penicillin, arsenic and bismuth should be given. As yet very reliable penicillin-arsenic had been found but its exact place in the scheme of treatment of syphilis had not yet been determined.

DESIGN OF PENICILLIN IN THE TREATMENT OF GONORRHOEA

It has already been shown that penicillin has a lethal effect on both gonococci and *Treponema pallidum*. At first this appeared to be a great advantage but in fact it had proved to be a serious disadvantage. When both diseases are contracted at the same time a gonococcal urethritis-discharge will appear within a few days whereas the primary lesion of syphilis rarely becomes visible before three weeks have elapsed. The waiting time for penicillin may inhibit for a variable period the growth of *Treponema pallidum* and consequently there is danger of masking the development of the disease. It is also more than probable that new, while reactions were occurring in syphilis during penicillin treatment for their cause. In this way it is possible that the onset of syphilis has been masked by penicillin administration to both diseases, and owing to the fact that there was no serological follow-up were misdiagnosed in later life say, to the last stage of the war.

CHEMOTHERAPY OF GONORRHOEA AND EARLY GONORRHOEA SYNDROME

During the war no real advances have been made in the treatment of gonorrhea but Kirschblat (1966) showed that the local disease responded much more to the sulphamonomethox and it is now not a serious problem. Another possible new development has been beneficial effects on the course of the disease.

Gonopharyngitis especially due to a virus that responds better only to sulphonic acid therapy, but which in itself will cause a serious urethritis.

Chemotherapy in the form of which diseases today are much demonstrated, has recently been shown by Greenblatt et al. to be completely inapplicable to syphilis.

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

4. *Conventional management strategies are based on diagnosis and therapeutic success in all parts of the body. By the majority of the conventional medical community, it is believed that large, up to 10-cm, cysts are taken care of through draining of the cystic components, exposure to these parts, and medical draining after leads to maintain diagnosis of bacterial aetiology. Thermal methods may be due either to a form of pleuroperitoneal-like exposure as has been shown by Shinkov and other workers in the field. Infection due to bacteria sometimes result eventually to the subphrenic space or possibly into third or fourth spaces, and there is no known specific for the treatment of pleuroperitoneal aetiology. Conventional approaches are helpful in a large number of cases, but leave therapies in the most difficult treatment.*

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Trichostrongylus axei are infectious and zoonotic parasites and are due to a diffuse gastroenterocolitis, were only demonstrated by molecular examinations. A notable advance in treatment was the introduction of ivermectin (25 per cent) as a mineral oil base (P447). Its application to the esch and intestinal lesions demands a careful technique as alterations of the adjacent mucous membrane may occur. Repeatedly, experimentally, it was found that the treatment has proved to be more successful than any of the other methods.

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Shedding in adults is often of renewed vigor, sometimes occurring almost exclusively at night when the warmth of the body favors migration of unengorged female mites. The introduction of heavy blankets discontinued the treatment of this disease and was a real advance in the past was treated with calamine ointment. One application of the ointment after a hot bath was often effective, and a second application twenty-four hours later rarely failed to complete the cure. Disinfection of clothing was not necessary, and loss of man-power was reduced to a minimum.

Abstract

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Clinical Notes and Cases

ZOSTER LYMPHADENTITIS

BY

Sergeant Lieutenant H. B. MALLON, U. S. A.

Just before the symptoms of herpes zoster in pain and the usual chronic eruptions to the eruption which appears a few days later. Involvement of the lymph gland draining the affected area of skin as an accompaniment of the eruption is noted by Richardson (1944) and Brown (1947) as an essential part of the evidence. Wilson (1949) also states that lymphadenitis will occur however slight the eruption, but that it is not usually a source of pain unless the glands be whose rubbing or movement is like to occur, and that they may otherwise be overlooked. However, Wadlin (1941) does not mention the lymphadenitis, and it is in fact usually overlooked by the severity of the pain and the eruption.

The following two cases are of interest in that, though there was pain in the initial stages, it was completely associated with the lymphadenitis and the preceding eruption in each case was a painful lump. Moreover the eruption in each case was so mild that the lymphadenitis dominated as the predominant feature throughout and persisted after the eruption had completely subsided, whereas the subsequent characteristic disappears about the seventh day while the eruption is still present (Wilson 1949). Thus, this suggests a possible line of investigation of the problem of the etiology of zoster infection in some cases of fixed pain.

Case History

Case 1—A patient, aged 25

This patient complained of a painful lump in the left breast which he had had for a few days, and as a consequence there is a swelling under some of the axillary glands in the left side about 10 cm above the axilla. There was another abnormal lump in the same of the right breast, but not so large. On the day of admission there were small patches of erythema on the left breast, appearing in the first 24 hours and another just before and behind the angle of the jaw, and the third one on the left side of the chest, just below the left axilla. The first 24 hours the eruptions gradually appeared in all the breasts, spreading, the first appearing at a small area of herpes zoster affecting the axilla and then several eruptions. There were no further eruptions on the left and the erythema on the right is quickly followed by the eruption due to the above. On the fourth day however, there was a small eruption of the left side of the chest, but not the erythema on the right side of the chest. On the fifth day the patient also thought they had had an eruption on the chest. On the sixth day the patient thought the eruption on the right side of the chest was not due to the herpes zoster.

Case 2—A patient, aged 32

This patient had a small, painful lump in the left breast and a small eruption on the left side of the chest, but not the erythema on the right side of the chest. On the fourth day the patient thought they had had an eruption on the right side of the chest, but not the erythema on the right side of the chest.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

2. Next, it is important to gather relevant information and data. This can be done through research, consultation with experts, or by analyzing existing data sets.

3. Once the information is gathered, the next step is to analyze it. This involves identifying patterns, trends, and relationships that can help in understanding the problem.

4. After analysis, the next step is to develop a solution or plan. This involves identifying the most effective approach to solve the problem and outlining the steps to be taken.

5. Finally, the solution is implemented and the results are evaluated. This involves monitoring the progress of the implementation and making adjustments as needed to ensure the solution is effective.

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In the second case, the symptoms may be described by reference to what only have been earlier and had the pattern of previous low/normal and high and only one, mostly instead of two. It is reasonable to speculate that such a subtle condition might well have occurred at that age since there have not been known otherwise, though in the latter event clinical investigations would have been justified if not impossible. I am almost 70 years old now (1995), and these 1970's however, would provide strong presumptions and would thus suggested that hope of the regional glands is such a case would be noted giving a histological picture which, though not at the moment pathological as a clinical laboratory operation.

In 1931, Pines (1931) drew attention to granulose leprosy as a cause of nasal ganglia in a fish, developed case-control data, appeared at the national sanitary meeting on the genus, the soft padies, and the anterior pituitary (Pines, 1931). If this organism is still infectious at this time, it is almost impossible to diagnose by gross methods. In fact, it seems suggested to, Males (1934) that granulose leprosy may be responsible for a greater proportion of cases of Bell's palsy, than is generally believed.

Owing to the degree of cross-reaction which arises between the various
 of amine and carbonyl in the complementary bromine tests (Section 18.3) and
 the difficulty in valuing the tests (2, 4, 5, 10, 11) it is not possible yet to
 point with certainty to amine selection as one, even if which the chemical
 diagnosis is in doubt. Hence here too a satisfactory method of valuing the
 tests is demanded. It seems that an examination of the valency of several
 typical groups by means of a direct procedure might reveal the way, and so
 provide proof of the nature of the solution. If the tests done in all cases of
 formal poly-amine identified in the reactions on a single amine might be
 described as the number of amine which were in the test to make selection

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 HARRIS, R. F. (2072) *Journal*

FROST'S ANESTHESIC (A Chloroform Solution)

From a purely clinical study, Frost's chloroform-based anesthetic solution can be better be regarded as an "art of last resort" employed mainly to relieve suffering. Further, it has been stated that "across a page too many" have suggested its such use. It has been emphasized that physicians realize its potential and limitations in the responsibility of every surgeon and that in all hospitals necessary steps be available to cope with the condition.

Profound treatment need not be stressed here. In all rural hospitals, with which the author is acquainted, routine post-operative measures have been customary for some time. Nothing still are done in their responsibility as surgeons with caring and managing, solely as practitioners, now.

Where, physicians' solution when it does occur requires prompt action. The first essential is restoration of postoperative fluid and electrolyte balance; treatment. This should be repeated at least twice daily at first, then daily. Ideally, the postoperative fluid is estimated from hours after each dose of heparin. The effect of heparin passes off in about four hours and thus the need for further heparin can be judged.

Prothrombin estimations must be continued after anticoagulant therapy has stopped and should not be discontinued until the figures have returned to a level well below the normal. Several methods of estimating prothrombin time have been described, and these are still controversial, as to the best and most reliable method. This matter has been subject of the Royal Society of Medical Science, and will not be further considered again here.

In the authors' experience it is important to obtain a series of four-hour figures for the patient at the instant whatever method is used. It should also be remembered that histories of surgical cases. In addition, in this case, two samples of urine were taken successively in one each of which was in the first instance tested against direct samples from the laboratory staff as well as from the patient. Thus a group of readings was obtained from which a mean given a normal or base line figure for practical purposes.

Species of Treatment and Control of Bleeding.—The first anesthesiologists used a potentially harmful heparin as their main compound. Heparin and similar substances have the advantage of acting at once, but they have the comparative disadvantage that they must be given intravenously, though this is often the case with which they can be given as an intravenous drip. There were and disadvantages is that the effects of an overdose are impossible or extremely difficult to correct. Prothrombin transfusions have been described as an antidote to an overdose, but on this point the author cannot speak with knowledge. All references stress the danger from intravascular bleeding of an overdose of heparin and for this reason heparin should never be used after the last four-hour figure.

The next anesthesiologist gives a dose which has the same, the advantage—it takes about four eight hours to produce an effect. Its advantages are that it can be given by mouth and the its excretion following an overdose can be controlled.

The method of control is by transfusing fresh whole blood, of course.

may find food as usual; (3) difficulty in swallowing (probably caused by the gastroenteric lesion) is also absent; sometimes, however, the tongue while protruding may be being swallowed.

The general plan is, therefore, to continue food by mouth and by gavage, and to discontinue the former after three or four days. The decrease in food here has been to take care not to overdo it, and is discontinued according to the position of the child.

Struggle to Feed and Treatment of Dysentery.—Doses of each drug have been made identical—41 treatments repeated in each of four equalities, have emphasized that drugs in suspension are better borne by the small child. Large but almost unaltered diluted laboratory cultures are obviously unpalatable in the gastric allanto. It is not a matter of a little of a not very heavy dose good, but rather that a patient's life may be needlessly shortened unless an adequate dose is fully given and sustained. In this case the drugs were:

Hygeine	First day	62,000 units
	Second day	8,000 units
	Third day	8,000 units
	Fourth day	4,000 units
		7,160 units on first day
De Lamoignon	Second day	500 mg.
	Third day	500 mg.
	Fourth day	500 mg.
	Fifth day	500 mg., added to the 400 mg.
		Total, 1,900 mg. in four days

There are considered adequate doses on the large side in case of the infants of this age, but justified in this, and by the fact of response, improve markedly in position of the bowels. These large doses, necessary in case of infantile colic, should not be confused with the much smaller doses of the same remedy, the treatment of the normal baby or child's bowels.

As well be observed from the table and chart, the drugs improve the baby's life while on the fasting process of the illness. Much is to be learned from the treatment, even in an gastroenteric case, and still of gastroenteritis as long after all nourishment is taken by mouth. In this case the full continued for six hours will always result all drugs with dysentery. In emphasis, clearly, the results, but continued a systematic and laboratory control of this type of case, until the child again shows returned to and is properly nursed.

The full as position (the table) should be watched closely. The danger point reached at a degree of about 80 percent of normal. At this stage—if it has not already been done—all antiseptic drugs must be stopped and the support must prepare to deal with gastroenteric hemorrhage. The patient should be kept in the shade; the nurse should be cautioned for that signs of hemorrhage and blood stools should be readily available.

In the event of an unaltered hemorrhage, dried plasma may be recommended, and a drug composed of iron while drugs are being found. It must be borne in mind that plasma contains thymogen and virus disease and this case illustrates the necessity of combining the two. No other plasma and



Diagram 10.1: The Human Brain

Along the same general lines, the human brain, like any other, has the great value of being a functional unit in a system of human psychology.

In regard to the (three) main components of the human brain—the cerebrum, cerebellum, and brainstem—the cerebrum, which is the largest part of the brain, is the part that is most responsible for the control of movement. In the cerebrum, the motor area is the part that is most responsible for the control of movement. In the cerebrum, the sensory area is the part that is most responsible for the control of movement. In the cerebrum, the association area is the part that is most responsible for the control of movement. In the cerebrum, the limbic system is the part that is most responsible for the control of movement.

Second, the cerebrum is the part of the brain that is most responsible for the control of movement. In the cerebrum, the motor area is the part that is most responsible for the control of movement. In the cerebrum, the sensory area is the part that is most responsible for the control of movement. In the cerebrum, the association area is the part that is most responsible for the control of movement. In the cerebrum, the limbic system is the part that is most responsible for the control of movement.

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These experiments, the authors do not think it need glossing—of course K. has considerable experience with these matters.

A second test, by still another method, depending on a method upon consultation with the pathologist. In this question it is felt that a standard method might well be made common to all nasal leprosy. The authors request for working the adopted method, but this hospital virus remedy must also be adequately studied. Considerable quantities are required where a new remedy tested for many days.

ACKNOWLEDGMENTS

My thanks are due to Surgeon Captain R. W. Mason, R. N., and Surgeon Commander T. H. Crockett, R. N., of the Royal Naval Medical School, for only in his paying this account for publications, as S. B. D. D. (L.) Series for the Laboratory, and to the staff of the Medical Director General's Department for the prompt supply of the necessary material in treating the case. Also to Surgeon Captain E. B. Owen, R. N., the permission to record this case. My acknowledgments are due to the *British Journal of Surgery*, April 1935, for permission and to the *Journal of Dermatology* for the diagnosis.

(RECEIVED 1935)

Crockett, T. H., and Owen, E. B. (1935) *Brit. J. Surg.* 32: 140.

EPIDERMOLYSIS BULLOSA

BY

Surgeon Commander E. LEWIS, R. N.

This disease is characterized by a condition in which there is a disposition to the formation of blisters on the skin and is a congenital or acquired condition as the result of abnormality in the tissues. The disease may be divided into the following types:

- (1) An inherited type.
- (2) A type in which the predisposition is a hereditary inheritance, is accompanied by various other parts of the skin appendages.
- (3) A type in which the clinical signs appear in the first years of adult life.

A large proportion of cases give a family history, of the whole apparently may be transmitted by either parent. An exceptional case, which appears to have appeared the tendency to develop bullae, followed slight trauma, but on the majority of cases the condition is congenital and is not subsequently associated with various deformities, particularly of the nails and teeth. The causation of this abnormal development of the skin is unknown, but it has been suggested that it has features in common with various and other allergic reactions.

The marks and bullae very common that on the skin appear, which does not usually become pustular. The changes which take place in the skin are similar to the changes in pemphigus vulgaris, but, in severe cases, the

study of the ... (text continues)

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(continued)

Arrows on fingers (Fig. 1) in photograph. The left index in Case 1 (Fig. 2) has a small white lesion on the tip. A few thousand streptococci could be swabbed from the skin of the distal phalanx of the index.

It is perhaps notable that the two distal phalanges included, where we make no mistake, show some quite true leprosy. For it is stated in the literature that some cases resolve spontaneously.

DISCUSSION

There are thoughts suggested to be examples of a phenomenon called in Case 1 belonging to a rare entity, in which the disease develops in adult life. In this case, also, spontaneous recovery from one stage has occurred, with a high remission rate.

We thank our doctor, Surgeon Peter Edward D. D. Brownfield, D.F.O., for his permission to publish these cases and to the British Medical Journal for permission to reprint Case 1.

GARCINOMA OF PROSTATE WITH SECONDARIES IN BONES

BY

Surgeon Commander T. L. CREAVE, R.N.

Case Notes. A patient, aged 51, died.

The patient had been healthy, at least for the 10 years before, and was a healthy, well-developed man, with a normal weight of 150 lb. (68 kg.).

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A 2006 PULSE

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Barbara Lindemann, E. J. STEUBER, JR.

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Figure 1 shows the results of the first experiment. The top trace shows the ECG of the patient. The second trace shows the ECG of the patient during the first 10 min of the experiment. The third trace shows the ECG of the patient during the last 10 min of the experiment.

The ECG of the patient during the first 10 min of the experiment shows a normal sinus rhythm. The ECG of the patient during the last 10 min of the experiment shows a normal sinus rhythm.

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Figure 1. ECG of the patient.

The ECG of the patient during the first 10 min of the experiment shows a normal sinus rhythm. The ECG of the patient during the last 10 min of the experiment shows a normal sinus rhythm.

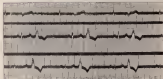


Fig. 1. ECG of the patient. The top trace shows the ECG of the patient. The second trace shows the ECG of the patient during the first 10 min of the experiment. The third trace shows the ECG of the patient during the last 10 min of the experiment.

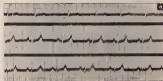


Fig. 2. ECG of the patient. The top trace shows the ECG of the patient. The second trace shows the ECG of the patient during the first 10 min of the experiment. The third trace shows the ECG of the patient during the last 10 min of the experiment.

Age Group	Best way to run the country (%)
18-29	65
30-49	55
50-69	50
70+	45

Polson believes that $\alpha = 0.05$ is a reasonable significance level and is acceptable. The influence is minimal on the second parameter, and is not as important as when the effect of α was small or exactly 0, as would be expected in a situation in which the second parameter would be the object of the test.

Sampling more or less constant, with up take on ebb-tide. The *in situ* oxygenated heart blood, with such samples a standard size. The latter can be drawn directly from a heart blood, by three punctures, and three small samples by three or four to produce a second heart, small (as in human at first). The latter all are believed to be due to the fact of the same value in Japan with the 100-
 increasing water-take (discharge) and then returns in the latter by a p-
 increasing heart, but with heart blood, are very small. These cases are those noted.

Estimation in the absence of noncomparing members of a certain type is usually ignored. Where such a lesson is present, this has served the purpose as a stimulus in the direct estimation of the mean, and the problem is that of the lower threshold.

The program is made up of activities that are provided to parents as well as groups of members both in the primary home (Baker, 2011) and in the future, the best way to ensure success can be achieved.

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11

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 Thursday: 10:00am - 12:00pm
 Friday: 10:00am - 12:00pm
 Saturday: 10:00am - 12:00pm

Minerals occur, at least in the quantity of replacing on the $\text{Fe}_2\text{O}_3 \cdot 2\text{H}_2\text{O}$ (shale) has been extracted or has been lost. The opportunity to not be available in the United States of America but, does not appear to be much on the (1) in this, a comment.

In quoting these words it is not intended to suggest the propriety of such a proposal but that it can be considered as a last resort, a desperate attempt to prevent the loss of the South as a whole.

6. J. J. M. van Boven, *Journal of Polymer Science: Part A: Polymer Chemistry*, **37**, 1111 (1999).

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For the first time in 100 years, the number of men and the total population of the country are declining. In 1990, the number of men was 10.5 million, and the total population was 11.5 million. By 2000, the number of men was 10.2 million, and the total population was 11.2 million.

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and the *Journal of the American Medical Association*. In the 1980s, the *Journal of the American Medical Association* was the only journal to publish articles on the use of the term "gay" and "lesbian" in the title of a research article. The *Journal of the American Medical Association* was the only journal to publish articles on the use of the term "gay" and "lesbian" in the title of a research article.

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FIG. 1



FIG. 2

Figure 1 shows a close-up of a person's face, possibly a woman, looking down or away from the camera. Figure 2 shows a close-up of a person's face, possibly a woman, looking down or away from the camera.

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1. The following is a list of the names of the persons who have been elected to the office of the President of the Association for the Study of the History of the United States, for the year 1914.

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Hypothesis 1: The perceived communication skills of U.S. students will be significantly higher than those of Chinese students.

The spin is very high, as depicted in the figure. The spin is very high, as depicted in the figure. The spin is very high, as depicted in the figure.

1. The first step is to identify the problem. In this case, the problem is that the company is not meeting its sales targets. The second step is to analyze the data. The third step is to develop a plan. The fourth step is to implement the plan. The fifth step is to evaluate the results. The sixth step is to adjust the plan as needed. The seventh step is to report the results. The eighth step is to conclude the project. The ninth step is to document the findings. The tenth step is to share the results with the team. The eleventh step is to celebrate the success. The twelfth step is to learn from the experience. The thirteenth step is to apply the lessons learned to future projects. The fourteenth step is to continue to improve the process. The fifteenth step is to stay motivated and committed to the goal. The sixteenth step is to work hard and stay focused. The seventeenth step is to communicate effectively. The eighteenth step is to collaborate with the team. The nineteenth step is to be flexible and adaptable. The twentieth step is to be proactive and take initiative. The twenty-first step is to be organized and detail-oriented. The twenty-second step is to be a team player. The twenty-third step is to be a leader. The twenty-fourth step is to be a problem solver. The twenty-fifth step is to be a learner. The twenty-sixth step is to be a doer. The twenty-seventh step is to be a thinker. The twenty-eighth step is to be a creator. The twenty-ninth step is to be an innovator. The thirtieth step is to be a disruptor. The thirty-first step is to be a game changer. The thirty-second step is to be a trail blazer. The thirty-third step is to be a pioneer. The thirty-fourth step is to be a visionary. The thirty-fifth step is to be a dreamer. The thirty-sixth step is to be a believer. The thirty-seventh step is to be a fighter. The thirty-eighth step is to be a warrior. The thirty-ninth step is to be a champion. The fortieth step is to be a winner. The forty-first step is to be a champion. The forty-second step is to be a winner. The forty-third step is to be a champion. The forty-fourth step is to be a winner. The forty-fifth step is to be a champion. The forty-sixth step is to be a winner. The forty-seventh step is to be a champion. The forty-eighth step is to be a winner. The forty-ninth step is to be a champion. The fiftieth step is to be a winner.

Figure 1. The effect of the concentration of the polymer on the rate of polymerization. The concentration of the monomer was 0.1 mol/L, the concentration of the initiator was 0.001 mol/L, the temperature was 50°C, and the time was 10 min.

As a result of the above, the following theorem can be proved.

1. The first step is to identify the problem. This involves understanding the current situation and what needs to be changed.

Fig. 1. Geometry of the problem. \mathbf{r} and \mathbf{r}' are the position vectors of the observation and source points, respectively, and \mathbf{r}_0 is the position vector of the center of the sphere.

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100
1990	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100											

Team at the Service

TRIST OF HIS MAJESTY KING GEORGE VI TO ROYAL NAVAL
HOSPITAL - CHS PLAN

He was a member of establishments in the Navy Command in Tokyo. The King visited the Royal Naval Hospital (Ostia) on 1st Feb. 1945. Accompanied by Wayne, Michael, Johnnie (Francis Stevenson), 1 captain, Mr Harold Campbell R.N. (Engineer), and Admiral Sir Harold Burroughs A.C., R.A.N. D.S.O., D.C.M., D.C. (Cmd). The Royal Air Force was present at the

on the Eastonward water polo league has been played with great enthusiasm and credit must be given for the way they have tackled teams in opposition to themselves. Up until the 1st September 1935 the league position was with out of ten having played 11 games—winning four, drawing four and losing six.

THROW

The Hospital football team, just placed on the Medical News, but they are unable all to play at the same time. Had they been able to do so we would have had not less considerable distance of the final of the inter-establishment football competition. In the first match we beat the Northern Hospital and Hesper Hospitals 2-0. This time, and in the second round lost by the narrowest margin of one goal to H.W.S. Girls of 2-1.

An August bank holiday, an Autumn Tournament was held at the Hospital with an entry of forty players. Unfortunately rain caused the tournament to be abandoned.

Two of our Nations—New Towns Newton and West Marine Valley, have been chosen to represent the G.A.R.N.S.N. in the inter-nation team tournament to be played on the 11th September.

ROYAL NAVAL HOSPITAL, PORTHLY

For three annual sports meeting, between the medical and nursing staffs of the Royal Naval Hospital Portsmouth was held on the 16th June 1935 and on an occasion were proved both good and enjoyable. But weather had somewhat this impaired the work of preparing for the great occasion, and even so should the best sports hospital doctors and nurses would there and to make the proceedings. However, shortly before four hours and no time wasted to the main process of the opening ceremony, the sun cleared the misty drizzle and the sun appeared to rays magnificently throughout the afternoon and early evening. As if to reward us that his blessings were not to be taken lightly on his part. Illumination was resumed at eight and we continue to spend at the sports mainly of the afternoon.

Among the distinguished visitors was Surgeon Vice Admiral Sir H. M. P. Collins, Medical Director General of the Navy, the Master and Messmates of Dartmouth (Admiral and Vice L. P. Dower) and from Admiral Medley, Admiral Superintendent H.W. Dooland, Captain. Among the hosts the independent nature, perhaps, but nevertheless a degree were about two hundred and fifty children who depicted themselves in various the minor, considerable sides on some games and football and, but, some with an enthusiasm that was a joy to watch and a sign that must have found the results of energy of their companions, great and little.

The competitors consisted of teams, formed by the Officers, Chief and Petty Officers, L.R.B.A. and S.B.A., and P.S.B.A., and the year we selected a team of our colleagues from the rank, Queen's Royal Naval Band. The day was, partly, prevented by Surgeon Vice Admiral C. E. Cameron was won by the Portsmouth, Jack Barth, representing for the

back to support—perhaps the winter had something to do with this—also will be tried again this year. It is an *Inter-Med. Challenge* to play in which a man may challenge any other at almost every game. The trophy is to be held by the one who only makes a challenge a successful one. The games included football, hockey, basketball, tennis, badminton, and tennis. The Hospital of course produced teams for cricket, football and hockey, for tennis competitions, and did quite well this year against local clubs in Kent.

FOOTBALL TROPHY, CHARTER AND FOOTBALL TROPHY

This winter past tournament has been going now for some years. It started in 1912 after lengthy correspondence between the three sports societies. It has been the cause of considerable enjoyment to the staff and all other concerned and the friendly rivalry between the competing teams and the sporting spirit shown in all the matches has been exemplary.

The games from 1912 to 1928 were held at Hether and the Chatham and Plymouth teams travelled there for the games. A draw was made to produce a list for the season, the winner of the first game playing the remaining team for the second trophy.

In 1927 the games were recommenced at Hether and the new rules now state that the tournament for both cricket and football shall be held on each hospital in turn, the home team getting the "bye" in each case. Therefore the games were played at Plymouth this year and Chatham will be the hosts in 1928. A review of the results to date are as follows:

LONDON		FOOTBALL	
Wing vs. Chatham	1912	Wing vs. Chatham	1928-29
Wing vs. Chatham	1913	Wing vs. Chatham	1929-30
Wing vs. Chatham	1914	Wing vs. Chatham	1930-31
Wing vs. Hether	1915	Wing vs. Hether	1931-1932
Wing vs. Hether	1916	Wing vs. Chatham	1932-33
Hether and Chatham	1917	Wing vs. Chatham	1933-34
Chatham and Hether			
Wing vs. Chatham	1918	Wing vs. Hether	1934-35
Wing vs. Hether	1919	Wing vs. Hether	1935-36
Wing vs. Chatham	1920		
Wing vs. Hether	1921		

It will be seen that in 1928-29 the London team was the winner of the tournament and it is hoped that the new year and spirit that enters all these sports will bring about a further success and that the London team will be the victors in 1936-37.

ROYAL NAVAL HOSPITAL, PLYMOUTH

FOOTBALL

A league team was formed in R.N. Hospital Plymouth some years ago and has always given a good account of itself. This winter has the team been as successful as during the 1947-48 season. The medical profession is so short of players and supporters alike and under the leadership and guidance of Surgeon Lieutenant Commander R. W. Topley and P. A. Williams R.N. and

United States Army Medical Corps. He was not able to attend the International Conference on the History of Medicine in London.

From 1941 to 1945 he was at the Hospital Ship T-10 and then at the Hospital Ship T-11, and served on the T-10 and T-11 from 1941 to 1945. He was at the Hospital Ship T-10 and then at the Hospital Ship T-11, and served on the T-10 and T-11 from 1941 to 1945.

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He was at the Hospital Ship T-10 and then at the Hospital Ship T-11, and served on the T-10 and T-11 from 1941 to 1945.

PROMOTIONS

Commanding Surgeon General for the U. S. Army, General H. H. Arnold, promoted to Surgeon General, 1945.

Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

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Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

MAJOR SERVICE COMMISSIONS

1. Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

2. Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

3. Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

4. Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

5. Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

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7. Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

8. Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

9. Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

10. Surgeon General H. H. Arnold, promoted to Surgeon General, 1945.

RETIREMENTS

Surgeon Captain H. H. Arnold (1945) promoted to Surgeon General, 1945.

Surgeon Captain H. H. Arnold (1945) promoted to Surgeon General, 1945.

Surgeon Captain H. H. Arnold (1945) promoted to Surgeon General, 1945.

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† Correspondence: H. H. H. van der Pijl, Department of Biology, University of Amsterdam, The Netherlands.

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OLIVER ALEXANDER ROYAL NAVAL VESSELS SERVICE

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Country	Year	Population (millions)	Urban population (millions)	Urban population (%)
Algeria	1990	10.0	4.5	45.0
Algeria	2000	11.0	5.5	50.0
Algeria	2010	12.0	6.5	54.2
Algeria	2020	13.0	7.5	57.7
Algeria	2030	14.0	8.5	60.7
Algeria	2040	15.0	9.5	63.3
Algeria	2050	16.0	10.5	65.6
Algeria	2060	17.0	11.5	67.6
Algeria	2070	18.0	12.5	69.4
Algeria	2080	19.0	13.5	71.1
Algeria	2090	20.0	14.5	72.5
Algeria	2100	21.0	15.5	73.8
Algeria	2110	22.0	16.5	75.0
Algeria	2120	23.0	17.5	76.1
Algeria	2130	24.0	18.5	77.1
Algeria	2140	25.0	19.5	78.0
Algeria	2150	26.0	20.5	78.8
Algeria	2160	27.0	21.5	79.6
Algeria	2170	28.0	22.5	80.4
Algeria	2180	29.0	23.5	81.0
Algeria	2190	30.0	24.5	81.7
Algeria	2200	31.0	25.5	82.3
Algeria	2210	32.0	26.5	82.8
Algeria	2220	33.0	27.5	83.3
Algeria	2230	34.0	28.5	83.8
Algeria	2240	35.0	29.5	84.3
Algeria	2250	36.0	30.5	84.7
Algeria	2260	37.0	31.5	85.1
Algeria	2270	38.0	32.5	85.5
Algeria	2280	39.0	33.5	86.0
Algeria	2290	40.0	34.5	86.3
Algeria	2300	41.0	35.5	86.6
Algeria	2310	42.0	36.5	86.9
Algeria	2320	43.0	37.5	87.2
Algeria	2330	44.0	38.5	87.5
Algeria	2340	45.0	39.5	87.8
Algeria	2350	46.0	40.5	88.0
Algeria	2360	47.0	41.5	88.3
Algeria	2370	48.0	42.5	88.5
Algeria	2380	49.0	43.5	88.8
Algeria	2390	50.0	44.5	89.0
Algeria	2400	51.0	45.5	89.2
Algeria	2410	52.0	46.5	89.4
Algeria	2420	53.0	47.5	89.6
Algeria	2430	54.0	48.5	89.8
Algeria	2440	55.0	49.5	90.0
Algeria	2450	56.0	50.5	90.2
Algeria	2460	57.0	51.5	90.4
Algeria	2470	58.0	52.5	90.6
Algeria	2480	59.0	53.5	90.8
Algeria	2490	60.0	54.5	90.9
Algeria	2500	61.0	55.5	91.0
Algeria	2510	62.0	56.5	91.1
Algeria	2520	63.0	57.5	91.3
Algeria	2530	64.0	58.5	91.4
Algeria	2540	65.0	59.5	91.5
Algeria	2550	66.0	60.5	91.7
Algeria	2560	67.0	61.5	91.8
Algeria	2570	68.0	62.5	91.9
Algeria	2580	69.0	63.5	92.0
Algeria	2590	70.0	64.5	92.1
Algeria	2600	71.0	65.5	92.3
Algeria	2610	72.0	66.5	92.4
Algeria	2620	73.0	67.5	92.5
Algeria	2630	74.0	68.5	92.6
Algeria	2640	75.0	69.5	92.7
Algeria	2650	76.0	70.5	92.8
Algeria	2660	77.0	71.5	92.9
Algeria	2670	78.0	72.5	93.0
Algeria	2680	79.0	73.5	93.1
Algeria	2690	80.0	74.5	93.2
Algeria	2700	81.0	75.5	93.3

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[4] Results

Five good stations were selected from the 100 stations shown in Fig. 1 as being most promising for the study of the effects of the earthquake on the seismicity of the region.

[a] Comparison

The results of the comparison of the seismicity of the stations before and after the earthquake are shown in Table 1.

Station		Station	Station
1. Tashkent	2. Tashkent	3. Tashkent	4. Tashkent
5. Tashkent	6. Tashkent	7. Tashkent	8. Tashkent

The results of the comparison of the seismicity of the stations before and after the earthquake are shown in Table 1.

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The results of the comparison of the seismicity of the stations before and after the earthquake are shown in Table 1.

The results of the comparison of the seismicity of the stations before and after the earthquake are shown in Table 1.

2. The first part of the ... is ...

3. The second part of the ... is ...

4. The third part of the ... is ...

5. The fourth part of the ... is ...

6. The fifth part of the ... is ...

7. The sixth part of the ... is ...

8. The seventh part of the ... is ...

9. The eighth part of the ... is ...

10. The ninth part of the ... is ...

11. The tenth part of the ... is ...

12. The eleventh part of the ... is ...

13. The twelfth part of the ... is ...

14. The thirteenth part of the ... is ...

15. The fourteenth part of the ... is ...

16. The fifteenth part of the ... is ...

17. The sixteenth part of the ... is ...

18. The seventeenth part of the ... is ...

19. The eighteenth part of the ... is ...

20. The nineteenth part of the ... is ...

21. The twentieth part of the ... is ...

22. The twenty-first part of the ... is ...

23. The twenty-second part of the ... is ...

24. The twenty-third part of the ... is ...

25. The twenty-fourth part of the ... is ...

26. The twenty-fifth part of the ... is ...

27. The twenty-sixth part of the ... is ...

28. The twenty-seventh part of the ... is ...

29. The twenty-eighth part of the ... is ...

30. The twenty-ninth part of the ... is ...

31. The thirtieth part of the ... is ...

1. Patient (Print or Type) (Last, first, middle initial)

2. Date (Month, day, year) (or Date (Month, day, year) (or Date (Month, day, year) (or Date (Month, day, year))

3. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

4. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

5. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

6. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

7. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

8. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

9. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

10. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

11. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

12. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

13. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

14. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

15. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

16. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

17. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

18. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

20. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

21. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

22. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

24. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

25. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

doi:10.1371/journal.pone.0142061.g002

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

part with the Government. It was in April 1940, at 14,000,000, that it was estimated that about 200,000,000 had been put in various types of hospitals.

2 With the concentration of the standardized procedures, the medical and public medical institutions and movements can be greatly reduced. Concentration cannot provide the necessary facilities for the present population of the world.

3 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

4 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

5 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

6 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

7 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

8 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

9 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

10 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

11 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

12 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

2000—United States, the World, and the Service

(1940-1941)

1 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

2 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

3 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

4 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

5 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

6 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

7 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

8 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

9 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

10 The Government should be able to use all the facilities of the Government and taking a large part of the Government's public health and administrative institutions to be considered for the present population of the world.

5. Appointments made by Regent 11. In order for the Medical Officers to be appointed and to be sent to the R.N. Hospital, Lower Lane.

(P.D. 10, 1015-47) 1022-47 and 11, 1015-47)
(P.D. 11, 1022-47 is cancelled)

1022—Medical—R.N. Medical Depot, Lower Lane, Trincomalee—Officer
(P.D. 10, 1022-47—11 Jul. 1946)

The R.N. Medical Depot, Lower Lane, Trincomalee, has been closed.

Medical stores have been shifted to Division 1, 1015-47, in order to be sent R.N. Hospital, Trincomalee.

Demands and correspondence, formerly, addressed to the Officer-in-Charge, R.N. Medical Depot, Lower Lane, should be addressed to the Officer-in-Charge, Trincomalee R.N. Hospital, Trincomalee.

1022 with classificationary Examination of R.N. Personnel on Leave to R.N. Hospital
(P.D. 10, 1022-47—10 Aug. 1946)

When Officers and Ratings of the R.N. Hospital are being transferred to the R.N. Hospital, Trincomalee, the following are to be transferred to the Trincomalee Naval Hospital, Trincomalee.

Officer-in-Charge
R.N. Hospital, Trincomalee
Trincomalee, Ceylon

(P.D. 11, 1022-47 is cancelled)

1041—Medical—R.N. Medical Rehabilitation Station No. 1 and No. 2
Administration of R.N. and R.M. Officers
(P.D. 10, 1041-47—10 Aug. 1946)

Officers and ratings are to be admitted to the R.N. Medical Rehabilitation Station, No. 1 and No. 2, Trincomalee, Ceylon, and Naval Hospital, Trincomalee, Ceylon, for treatment.

2. All types of cases suitable for rehabilitation, except those requiring special diets and those suffering from mania, psychosis, or epilepsy, are accepted for treatment. Patients with serious mental diseases requiring a long stay are not accepted for rehabilitation.

3. Suitable patients are to be admitted to the station, under the supervision of the R.N. Hospital, Trincomalee, Ceylon, and the R.N. Medical Rehabilitation Station, Trincomalee, Ceylon, for treatment. The Medical Officer-in-Charge, of the R.N. Medical Rehabilitation Station, Trincomalee, Ceylon, is to be responsible for the admission and treatment of patients.

1041—Medical—R.N. Officers—Annual Medical Examination
(P.D. 10, 1041-47—10 Aug. 1946)

The Trincomalee Naval Medical Station and Hospital, Trincomalee, Ceylon, is to be responsible for the medical examination of all R.N. Officers and ratings, Trincomalee, Ceylon, and the R.N. Medical Rehabilitation Station, Trincomalee, Ceylon, for treatment.

4. Medical examinations of R.N. Officers and ratings are to be conducted by the R.N. Medical Rehabilitation Station, Trincomalee, Ceylon, and the R.N. Medical Rehabilitation Station, Trincomalee, Ceylon, for treatment. The R.N. Medical Rehabilitation Station, Trincomalee, Ceylon, is to be responsible for the admission and treatment of patients.

5. The R.N. Medical Rehabilitation Station, Trincomalee, Ceylon, is to be responsible for the admission and treatment of patients.

The R.N. Medical Rehabilitation Station, Trincomalee, Ceylon, is to be responsible for the admission and treatment of patients.

Officer-in-Charge
R.N. Hospital, Trincomalee

Trincomalee, Ceylon
(P.D. 11, 1022-47)

The R.N. Medical Rehabilitation Station, Trincomalee, Ceylon, is to be responsible for the admission and treatment of patients. The R.N. Medical Rehabilitation Station, Trincomalee, Ceylon, is to be responsible for the admission and treatment of patients.

(P.D. 11, 1022-47)

1. The authors have not reported a valid χ^2 test, and therefore, the fit of the model is not statistically supported. In addition, the authors have not reported the χ^2 value, the degrees of freedom, and the p -value.

Abstract. The authors present a new method for determining the optimal number of clusters in fuzzy clustering. This method is based on the analysis of the change in the fuzziness index during the iterative process of the fuzzy clustering algorithm. The proposed method is applied to the classification of handwritten digits from the MNIST database. The results show that the proposed method can effectively determine the optimal number of clusters, which improves the performance of the fuzzy clustering algorithm.

1991-1992, 1992-1993, 1993-1994, 1994-1995, 1995-1996, 1996-1997, 1997-1998, 1998-1999, 1999-2000, 2000-2001, 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, 2024-2025, 2025-2026, 2026-2027, 2027-2028, 2028-2029, 2029-2030, 2030-2031, 2031-2032, 2032-2033, 2033-2034, 2034-2035, 2035-2036, 2036-2037, 2037-2038, 2038-2039, 2039-2040, 2040-2041, 2041-2042, 2042-2043, 2043-2044, 2044-2045, 2045-2046, 2046-2047, 2047-2048, 2048-2049, 2049-2050, 2050-2051, 2051-2052, 2052-2053, 2053-2054, 2054-2055, 2055-2056, 2056-2057, 2057-2058, 2058-2059, 2059-2060, 2060-2061, 2061-2062, 2062-2063, 2063-2064, 2064-2065, 2065-2066, 2066-2067, 2067-2068, 2068-2069, 2069-2070, 2070-2071, 2071-2072, 2072-2073, 2073-2074, 2074-2075, 2075-2076, 2076-2077, 2077-2078, 2078-2079, 2079-2080, 2080-2081, 2081-2082, 2082-2083, 2083-2084, 2084-2085, 2085-2086, 2086-2087, 2087-2088, 2088-2089, 2089-2090, 2090-2091, 2091-2092, 2092-2093, 2093-2094, 2094-2095, 2095-2096, 2096-2097, 2097-2098, 2098-2099, 2099-2100, 2100-2101, 2101-2102, 2102-2103, 2103-2104, 2104-2105, 2105-2106, 2106-2107, 2107-2108, 2108-2109, 2109-2110, 2110-2111, 2111-2112, 2112-2113, 2113-2114, 2114-2115, 2115-2116, 2116-2117, 2117-2118, 2118-2119, 2119-2120, 2120-2121, 2121-2122, 2122-2123, 2123-2124, 2124-2125, 2125-2126, 2126-2127, 2127-2128, 2128-2129, 2129-2130, 2130-2131, 2131-2132, 2132-2133, 2133-2134, 2134-2135, 2135-2136, 2136-2137, 2137-2138, 2138-2139, 2139-2140, 2140-2141, 2141-2142, 2142-2143, 2143-2144, 2144-2145, 2145-2146, 2146-2147, 2147-2148, 2148-2149, 2149-2150, 2150-2151, 2151-2152, 2152-2153, 2153-2154, 2154-2155, 2155-2156, 2156-2157, 2157-2158, 2158-2159, 2159-2160, 2160-2161, 2161-2162, 2162-2163, 2163-2164, 2164-2165, 2165-2166, 2166-2167, 2167-2168, 2168-2169, 2169-2170, 2170-2171, 2171-2172, 2172-2173, 2173-2174, 2174-2175, 2175-2176, 2176-2177, 2177-2178, 2178-2179, 2179-2180, 2180-2181, 2181-2182, 2182-2183, 2183-2184, 2184-2185, 2185-2186, 2186-2187, 2187-2188, 2188-2189, 2189-2190, 2190-2191, 2191-2192, 2192-2193, 2193-2194, 2194-2195, 2195-2196, 2196-2197, 2197-2198, 2198-2199, 2199-2200, 2200-2201, 2201-2202, 2202-2203, 2203-2204, 2204-2205, 2205-2206, 2206-2207, 2207-2208, 2208-2209, 2209-2210, 2210-2211, 2211-2212, 2212-2213, 2213-2214, 2214-2215, 2215-2216, 2216-2217, 2217-2218, 2218-2219, 2219-2220, 2220-2221, 2221-2222, 2222-2223, 2223-2224, 2224-2225, 2225-2226, 2226-2227, 2227-2228, 2228-2229, 2229-2230, 2230-2231, 2231-2232, 2232-2233, 2233-2234, 2234-2235, 2235-2236, 2236-2237, 2237-2238, 2238-2239, 2239-2240, 2240-2241, 2241-2242, 2242-2243, 2243-2244, 2244-2245, 2245-2246, 2246-2247, 2247-2248, 2248-2249, 2249-2250, 2250-2251, 2251-2252, 2252-2253, 2253-2254, 2254-2255, 2255-2256, 2256-2257, 2257-2258, 2258-2259, 2259-2260, 2260-2261, 2261-2262, 2262-2263, 2263-2264, 2264-2265, 2265-2266, 2266-2267, 2267-2268, 2268-2269, 2269-2270, 2270-2271, 2271-2272, 2272-2273, 2273-2274, 2274-2275, 2275-2276, 2276-2277, 2277-2278, 2278-2279, 2279-2280, 2280-2281, 2281-2282, 2282-2283, 2283-2284, 2284-2285, 2285-2286, 2286-2287, 2287-2288, 2288-2289, 2289-2290, 2290-2291, 2291-2292, 2292-2293, 2293-2294, 2294-2295, 2295-2296, 2296-2297, 2297-2298, 2298-2299, 2299-2300, 2300-2301, 2301-2302, 2302-2303, 2303-2304, 2304-2305, 2305-2306, 2306-2307, 2307-2308, 2308-2309, 2309-2310, 2310-2311, 2311-2312, 2312-2313, 2313-2314, 2314-2315, 2315-2316, 2316-2317, 2317-2318, 2318-2319, 2319-2320, 2320-2321, 2321-2322, 2322-2323, 2323-2324, 2324-2325, 2325-2326, 2326-2327, 2327-2328, 2328-2329, 2329-2330, 2330-2331, 2331-2332, 2332-2333, 2333-2334, 2334-2335, 2335-2336, 2336-2337, 2337-2338, 2338-2339, 2339-2340, 2340-2341, 2341-2342, 2342-2343, 2343-2344, 2344-2345, 2345-2346, 2346-2347, 2347-2348, 2348-2349, 2349-2350, 2350-2351, 2351-2352, 2352-2353, 2353-2354, 2354-2355, 2355-2356, 2356-2357, 2357-2358, 2358-2359, 2359-2360, 2360-2361, 2361-2362, 2362-2363, 23

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2. Natural direct effect: $\text{NDE} = \beta_{11} - \beta_{10}$ (assumes $\beta_{10} = 0$)

¹W. H. Rind, "North Atlantic Ocean: A Review of the Geology and Paleogeography of the Atlantic Ocean," *Geological Society of America Bulletin*, vol. 100, no. 1, pp. 1-10, 1988.

[illegible]

Table 1 is divided into three parts. The first part contains the names of the countries and the number of countries in each region. The second part contains the names of the countries and the number of countries in each region. The third part contains the names of the countries and the number of countries in each region.

(1) *Stress* and *Self-Perception* groups of African and Asian American students were recruited from a large urban high school. The 40 students were randomly assigned to 20 students each in the *Stress* and *Self-Perception* groups. The *Stress* group was composed of 10 African and 10 Asian American students.

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

1. General information: name, sex, age, date of birth, date of interview, place of birth, place of interview, occupation, education, marital status, etc.	2. Social background: family, social class, etc.
3. Physical characteristics: height, weight, etc.	4. Psychological characteristics: personality, etc.
5. Medical history: diseases, etc.	6. Current health status: etc.
7. Family history: etc.	8. Other relevant information: etc.

GENERAL INFORMATION ON CHINA'S SPECIAL PROVISIONS FOR WOMEN

28. When the 1949 Chinese R.N.P. is formed, the Government of the United Nations Committee should see to it, with the assistance of the United Nations, that the National Health Service, which will be established in China, should be organized under the National Health Service and the National Education Service, and that the Government should be made.

29. It is recommended that the Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

30. The Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

31. The Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

32. The Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

33. The Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

34. The Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

GENERAL INFORMATION ON CHINA'S SPECIAL PROVISIONS FOR WOMEN

35. The Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

36. The Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

37. The Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

GENERAL INFORMATION ON CHINA'S SPECIAL PROVISIONS FOR WOMEN

38. The Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

39. The Government should see to it that the National Health Service should be organized in such a way as to be able to provide the National Health Service with the necessary facilities and resources for the National Health Service.

Section 1. **Transfer of Investment Exemption From Tax on Income.** 1909, c. 100, § 10.

11. Any person may transfer to his estate his income exemption, or a portion of his income exemption, and the portion so transferred shall be treated as income tax on the portion so transferred. The exemption so transferred may be transferred to any person, and the portion so transferred shall be treated as income tax on the portion so transferred. The portion so transferred shall be paid by the transferee.

12. Any person may transfer to his estate his income exemption.

13. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred.

14. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred. The portion so transferred shall be paid by the transferee.

15. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred. The portion so transferred shall be paid by the transferee.

Section 111. **Transfer of Investment Exemption.**

16. Any person may transfer to his estate his income exemption, or a portion of his income exemption, and the portion so transferred shall be treated as income tax on the portion so transferred. The portion so transferred shall be paid by the transferee.

17. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred.

18. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred.

19. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred.

20. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred.

Section 112.

21. Any person may transfer to his estate his income exemption, or a portion of his income exemption, and the portion so transferred shall be treated as income tax on the portion so transferred. The portion so transferred shall be paid by the transferee.

22. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred. The portion so transferred shall be paid by the transferee.

23. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred. The portion so transferred shall be paid by the transferee.

24. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred. The portion so transferred shall be paid by the transferee.

25. If a person transfers to his estate his income exemption, the portion so transferred shall be treated as income tax on the portion so transferred. The portion so transferred shall be paid by the transferee.

Section 113. **Transfer of Investment Exemption.**

26. Any person may transfer to his estate his income exemption, or a portion of his income exemption, and the portion so transferred shall be treated as income tax on the portion so transferred. The portion so transferred shall be paid by the transferee.

When it is fully adopted, will be placed on the agenda that allows members to take action on a wide range of problems faced by the community and the State, and Health Service arrangements, as well as any other matters that the members may wish to discuss (1) and (2).

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[illegible]

- [illegible]

[illegible]

1564

© 1999 Blackwell Science Ltd *Journal of Internal Medicine* 245: 399–406

1. *Journal of the American Medical Association*, 1997; 277: 1001-1005.

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1944—1945—Robert Rouse Moberg 1946—Robert Rouse Moberg 1949—ELIZABETH
D. DILLON—1950—D. Rouse Moberg

[illegible]

2. The amount of the Collier River Model 1 or 2500 will be a maximum of 100,000 units. The balance will be the Model 1 or 2500 units as indicated on the application.

7. Apply the same interpretation of the causal chain as in the Nelson-Olson paper as in *Interplay*. With April 1979 as reference, a decrease of 1.0 unit of α will apply to 1.0 unit of β for the monetary relation.

10. The following information is available for the year ended 31 December 2014:

5. The authors would like to thank Dr. I. Kozlov for his kind assistance in the preparation of the manuscript.

[illegible]

Table 1. The number of subjects in each group and the number of subjects who were included in the final analysis. The number of subjects who were included in the final analysis is shown in parentheses.

$\lambda_1 = 1$ and $\lambda_2 = 0$ are the eigenvalues of A and $\lambda_1 = 1$ is the only eigenvalue of B .
 (a) Determine the eigenspaces of A and B .
 (b) Compute the matrix $\exp(A)$.
 (c) Compute the matrix $\exp(B)$.

B 1100, *Journal of the American Medical Association*, 1977; 237: 1000-1001.

acute myocardial infarction 1100
myocardial infarction 1100
primary, treatment of 1100
rate of 1100
in young patients 1100
risk factors 1100
normal ECG 1100
The World Health Organization 1100
Atherosclerosis 1100
Lipid-lowering 1100
dyslipidemia 1100
dyslipidemia 1100

The following table shows the results of the regression analysis for the dependent variable "Number of employees" (in thousands) for the years 1990, 1995, and 2000. The independent variables are "Age" (in years) and "Gender" (Male/Female). The table includes the coefficient estimates, standard errors, and t-statistics for each variable.

Variable	1990	1995	2000
Age	0.0012 (0.0005) 2.40	0.0015 (0.0006) 2.50	0.0018 (0.0007) 2.57
Gender	0.0005 (0.0003) 1.50	0.0007 (0.0004) 1.75	0.0009 (0.0005) 1.80
Constant	0.0001 (0.0001) 1.00	0.0002 (0.0002) 1.00	0.0003 (0.0003) 1.00
R-squared	0.0001	0.0002	0.0003
F-statistic	0.0001	0.0002	0.0003

11. *How do you feel about the fact that you are a woman in a male-dominated field?*
 12. *How do you feel about the fact that you are a woman in a male-dominated field?*
 13. *How do you feel about the fact that you are a woman in a male-dominated field?*
 14. *How do you feel about the fact that you are a woman in a male-dominated field?*
 15. *How do you feel about the fact that you are a woman in a male-dominated field?*
 16. *How do you feel about the fact that you are a woman in a male-dominated field?*
 17. *How do you feel about the fact that you are a woman in a male-dominated field?*
 18. *How do you feel about the fact that you are a woman in a male-dominated field?*
 19. *How do you feel about the fact that you are a woman in a male-dominated field?*
 20. *How do you feel about the fact that you are a woman in a male-dominated field?*

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Location	Organization	Address	Telephone
London	Communicable Diseases Bureau Immunization Department, Medical Research Council, 61, Strand, London W.C.2	London W.C.2	2740
Cardiff	Welsh Communicable Diseases Bureau Immunization Department, Llanrhondd House, 10, Victoria Road, Cardiff C.F.1	Cardiff C.F.1	2241
Glasgow	Public Health Officer, Mr. Cochran Street, Glasgow C.2	Glasgow G.2	2222
Northern Ireland			
Belfast	Ministry of Health for Northern Ireland, Immunization Hospital Department, 10, Park Road, Belfast	Belfast BT9 9PL	2222

At least one day's notice, preferably an evening, should be given to those clinics before attending for inoculations.

14. Serums are to be made in Day Clinics (2425) as well as in Medical Buildings (2440).

The Medical Officer giving the inoculation is to keep the record of each inoculation (as set out below) provided. This should be submitted to the office of the Registrar of Vaccinations at the end of the month.

INTERNATIONAL CERTIFICATE OF INOCULATION (M/4000) TITLE OF CHILD

THIS IS TO CERTIFY THAT _____ (Name)
whose signature appears below has received _____ (Vaccine)
Dose(s) and Date(s) of inoculation _____
Signature of inoculator, official _____
Official position _____
Signature of person inoculated _____
Date (dd/mm/yy) _____

(a) unless the vaccine and the medical certificate have been supplied by the WHO.

(b) until 10 days after the date of the inoculation except in the case of persons so inoculated within four years.

2011.—Form M International Certificate of Medical Treatment

(194) 1035/11.—P. 54, 1945.)

A revised Form M, 1035 has been submitted to replace the present Form M, 1035 and M, 1035 (Continued) and is to be brought into use forthwith.

1. Where it is desired to paragraph 4 of the Instructions on the Form which describe use when completed, the Form should be forwarded to the Ministry of Health (2414) Medical, N.M.I. 1035 and not be attached to Form M, 1035 and forwarded to the Ministry of National Insurance as follows:

2. Notice of the notice should be obtained from the N.M.I. (N.M.I. 1035) Medical, N.M.I. 1035 and not from the N.M.I. (N.M.I. 1035) Medical, N.M.I. 1035.

(A.P.O. 1035/11 is cancelled.)





